DEPT.- 65

JOB- 15

REEL- 30

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

EP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. Estoblish retention period for records which are accumulating daily.	B. Dispose of present accumulation, no additional accumulation anticipated.	C. Microfilm and destroy originals.	D. Microfilm and retain originals for length of time indicated below.
☐	☐	☐	☒

9. Recommended Retention Period			10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
a. In Dept.	b. In Storage Center	c. Total		YES ☐ NO ☒
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept.	b. In Storage Center	c. Total	A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	☒	☐

REMARKS: 2 negative Rolls & 1 positive for hospital

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Ward 10 — C11175 — Registered No. C11175

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret McConaway

{ Residence, if in Baltimore, Give Street and Number. } 222 S. Calhoun St

Duration of Residence in Baltimore. 5 0 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: female — COLOR: white

DATE OF BIRTH: dont Know 1

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): - - - - - -

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Haigley

(Address) 222 S. Calhoun St

Filed 4/8 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH apr 7th 1908

I HEREBY CERTIFY, That I attended deceased from apr 4" 1908 to Apr 7" 1908

that I last saw h alive on apr 7th 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary) Pneumonia

Nephritis (DURATION) 3 DAYS

(Signed) W. O. Barney M.D.

Address 114 S. Gilmor

Date apr 7th 1908

Place of Burial Balto Cem

Date April 9th 1908

Undertaker John J. Fields

Address 1720 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11176 Registered No. B C11176

CERTIFICATE OF DEATH. 74

(Place of Death.) No. Johns Hopkins Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Young

{Residence, if in Baltimore, Give Street and Number.} 200 N Ann St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: — Smith

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F Young

(Address) 200 N Ann St

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 6 1908

I HEREBY CERTIFY, That I attended deceased from April 5 1908 to April 6 1908

that I last saw h[illegible] alive on April 6 1908

and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tumor of Brain

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date April 7 1908

Place of Burial Oak Lawn Cemetery

Date April 9 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11177 Registered No. B C11177

CERTIFICATE OF DEATH. 159

(Place of Death.) No. 1523 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Zimmermann

{Residence, if in Baltimore, Give Street and Number.} Hotel Hopkins. (318 N. Broadway)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Aug 6th 1868

AGE 40 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER William H. Zimmermann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Schwenthuis

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Bus Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Zimmerman

(Address) 936 N. Chester st

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 7— 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1230

M. CAUSE OF DEATH (Secondary or Immediate

Suicide by Pistol

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Gregg Cameron M.D.

Address Coroner

Date Apr. 7— 08— 1908 190

Place of Burial Baltimore Cemetery

Date April 10 190 8

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C11178

C11178

CERTIFICATE OF DEATH.

131

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca V. Miller

{Residence, if in Baltimore, Give Street and Number.} 21 E Montgomery st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Miller

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rebecca V. Pitt

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Smith

(Address) Relay Md

Filed 4/8 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to April 6 1908

that I last saw h alive on Apr. 6 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Cancer of Uterus (DURATION) 30 DAYS

(Signed) [illegible] M.D.

Address St Joseph's Hospital

Date April 6 1908

Place of Burial Baltimore Cem

Date April 8 1908

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11179 Registered No. B C11179

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1307 W. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca J. Hearn

{Residence, if in Baltimore, Give Street and Number.} 1307 W. North Ave

Duration of Residence in Baltimore all life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	About 1833
AGE	75 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Wm S Ford.
BIRTHPLACE OF FATHER (State or country)	England.
MAIDEN NAME OF MOTHER	Unknown.
BIRTHPLACE OF MOTHER (State or country)	England.
OCCUPATION OF DECEASED	Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Hearn

(Address) 1307 W. North Ave

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from March 27 1908 to April 6 1908

that I last saw her alive on April 6 1908

and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Con'ributory (Primary.) Carcinoma of Stomach.

(DURATION) DAYS

(Signed) J. Frederick Leitz M.D.

Address 1340 W. North Ave.

Date April 7 1908

Place of Burial Baltimore Cem

Date Apr 9 1908

Undertaker W. J. Pickerson

Address Camden & Pearce

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11180 Registered No. B C11180

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Dromby

{Residence, if in Baltimore, Give Street and Number.} 315 S. Durham

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH 1839

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Archibald Dromby

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Steuedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant William Wilson

(Address 315 S. Durham

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 16th 1907 to April 6th 1908 that I last saw h.. alive on .. .. 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 DAYS

Con'tributory (Primary) Brights Disease about 3 mths (DURATION) DAYS

(Signed) Jacob L. Wanner M.D.

Address 1735 Bank

Date April 7th 1908

Place of Burial N. Auburn Cemetery

Date April 9th 1908

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11181 Registered No. B C11181

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1909 Sherwood ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. H. Staylor

{Residence, if in Baltimore, Give Street and Number.} 1909 Sherwood ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1887

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo E. Staylor

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Thomas

(Address) 1909 Sherwood Ave

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from April 2 1908 to April 6 1908

that I last saw him alive on " 5 1908

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 3 DAYS

Contributory (Primary) Phthisis pulmonalis (DURATION) 90 DAYS

(Signed) J. F. Holmes M.D.

Address 2229 E. Federal st

Date April 6 1908

Place of Burial Holy Cross

Date April 9 1908

Undertaker E. J. Wiedefeld

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 011182

City of Baltimore, (No. 1401, W Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan S. J. McNeal

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April (Month) 17th (Day) 1823 (Year)

AGE 84 years, 11 months, 21 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) S. C.

FULL NAME OF FATHER John G. Johnston

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Ariana F. Goldsborough

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Mullikin

(Address) 1401 W Lanvale

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 9 1907 to Apl 7 1908 that I last saw h[illegible] alive on March 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Carcinoma of face

(DURATION) ..... DAYS

Contributory Asthenia

(DURATION) ..... DAYS

(Signed) Duncan MacCalmont M.D.

Apl 7 1908 (Address) 1107 Madison Ave

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Louden Park

DATE OF BURIAL 4/10th 1908

UNDERTAKER Chas E Franck

ADDRESS 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

Ward 8 — Registered No. B C11183

C11183

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2243 Preston Place St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lavett E. Montgomery

{Residence, if in Baltimore, Give Street and Number.} 2243 Preston Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: W

DATE OF BIRTH: Nov 10 1853

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: John Montgomery

BIRTHPLACE OF FATHER (State or country): Harford Co md

MAIDEN NAME OF MOTHER: Jane Agnew

BIRTHPLACE OF MOTHER (State or country): Harford Co md

OCCUPATION OF DECEASED: Carpenter —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma E Montgomery

(Address) 2243 Preston Pl

Filed 4/8 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 8 1908

I HEREBY CERTIFY, That I attended deceased from April 1st 1908 to April 7th 1908 that I last saw h alive on " " 1908, and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Sclerosis

& Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 3 Months

(Signed) Albert E. Snyder M.D.

Address 1503 E. North Ave.

Date April 8 08. 190

Place of Burial Ogn Lawn Cem

Date Apl 10 1908

Undertaker Robt Turner

Address 1442 N. Broadway,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C11184

Registered No. B

City of Baltimore, (No. 1751, E Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Mann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: Dec 18 1857 (Month) (Day) (Year)

AGE: 50 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: J Gephart

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Johnston

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Mann

(Address) 1751 E Preston

Filed 4/8 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 20 1908 to Apr 6 1908 that I last saw h[illegible] alive on Apr 5 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis (DURATION) 2 yrs DAYS

Contributory Exhaustion (DURATION) 3 Months DAYS

(Signed) W. H. Fair M.D.

Apr 7 1908 (Address) 1 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Baltimore County

DATE OF BURIAL: Apr 9 1908

UNDERTAKER: Robt J Kane

ADDRESS: 1442 N. Broadway

Ward ..... Registered No. B C11185

C11185

150a

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Scherer

{ Residence, if in Baltimore, Give Street and Number. } 3312 E Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 22 1907

AGE: 0 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph Scherer

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary E Hanan

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Joseph Scherer

Address 3312 E Lombard St

Filed 4/8 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1908

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to April 8 1908

that I last saw h[illegible] alive on April 8 1908

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hydrocephalus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hosp.

Date April 8 1908

Place of Burial St. Alphonsus (Cemetery)

Date April 10 1908

Undertaker Henry Hoelscher Sons

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C11186 — Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1104 Ridgely. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna C. Benner.

{Residence, if in Baltimore, Give Street and Number.} 1104 Ridgely, St.

Duration of Residence in Baltimore. 28 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 9th 1834

AGE 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ward J. Benner

(Address) 1104 Ridgely St.

Filed 4/9" 1908 MARY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7, 1908

I HEREBY CERTIFY, That I attended deceased from March 28, 1908 to April 7, 1908 that I last saw h alive on April 7, 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy.

(DURATION) 10 DAYS

Contributory (Primary.) Arterio-Sclerosis

(DURATION) Unknown

(Signed) Albert L. Chambers, M.D.

Address 614 L. Pacast

Date April 8, 1908

Place of Burial Bertisville Md. Washington Co

Date April 9th 1908

Undertaker E. Hale

Address 15 E West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11187 Registered No. B C11187

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 526 Biddle alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Distance

{ Residence, if in Baltimore, Give Street and Number. } ..... 526 Biddle alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: April 10 1850

AGE: 57 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Charles Distance

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: ~~Lydia Stumph~~ Lydia Stumph

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Oyster shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Distance (Wife)

(Address) 526 Biddle alley

Filed 4/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from March 23 1908 to April 6th 1908 that I last saw him alive on April 6 1908, and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Probably a year or two (DURATION) DAYS

Contributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) M. A. Mahler M.D.

Address 1711 Madison ave.

Date April 7. 1908 190

Place of Burial Laurel Cem

Date April 9 1908

Undertaker Robert F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11188 Registered No. B C11188

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 221 Lewis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Green

{Residence, if in Baltimore, Give Street and Number.} 221 Lewis St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1.8.8

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James P. Green

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Adams

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Bessie Adams

(Address) 221 Lewis St

Filed 4/9 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6, 1908

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to April 6 1908

that I last saw h[illegible] alive on April 7 1908,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

(DURATION) 6 Mos.

Contributory (Primary) Exhaustion

(DURATION) 4 DAYS

(Signed) P. E. Lilly M.D.

Address 207 Cumberland St.

Date April 7 1908

Place of Burial St. Peters ✓

Date April 9 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11189 Registered No. B C1189

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 E. Lanvale St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lester Earle Edelman

{Residence, if in Baltimore, Give Street and Number.} 1112 E. Lanvale st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 4th 1907

AGE: ....years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John F. Edelman

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Addie J. Jones

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Edelman

(Address) 1112 E. Lanvale st

Filed 4/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 7 1908

that I last saw him alive on April 7 1908,

and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Meningitis

(DURATION) 4 DAYS

(Signed) R. P. Carman M.D.

Address 1701 N. Carrollton Ave

Date April 7 1908

Place of Burial Dalto cemetery

Date April 9 1908

Undertaker John H. Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 11190 Registered No. B 11190

152

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 E. Eager st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Mattie & Chas Miller

{ Residence, if in Baltimore, Give Street and Number. } 1632 Eager st

Duration of Residence in Baltimore..... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1908

AGE: ..... years, ... months, 2 Hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Miller

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mattie Greaser

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Greaser

(Address) 1632 E. Eager st

Filed 4/9 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 8 1908 to Apr 8 1908

that I last saw her alive on Apr 8 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

During birth

(DURATION) 2 hours DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) A. L. Jump M.D.

Address 145 Madison Ave

Date Apr 8th 1908

Place of Burial Trinity Cemetery

Date April 9 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11191

City of Baltimore, (No. ~~1~~ 1 McMechen Court St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beatrice Baylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: December 15th 1908 (Month) (Day) (Year)

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Eleazer Baylor

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Martha Lumsey

BIRTHPLACE OF MOTHER (State or country): Richmond Va.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Baylor

(Address) 1 McMechen Court

Filed 4/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 7th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from one 1908 March 1908

that I last saw h e alive on April 7th 1908,

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Marasmus

about 2 wks (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) G. Reinhart Smith M. D.

April 9th 1908 (Address) 594 Pulaski

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: April 9 1908

UNDERTAKER: Wm J. Johnson — ADDRESS: ——

WM. J. C. DULANY CO., BALTIMORE.

Ward 19 C11192 Registered No. B C11192

153

CERTIFICATE OF DEATH.

(Place of Death.) No. (Franklin Square Hospital) West End Maternity St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Infant of Lizzie Warner

Full Name Not Named, Infant,

{Residence, if in Baltimore, Give Street and Number.} 112 N. Calhoun St, Franklin Square Hospital

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ——— years, ——— months, 3 1/2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Infant of Lizzie Warner

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/9 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8, 08, 1908

I HEREBY CERTIFY, That I attended deceased from April 7 1908 to April 8 1908 that I last saw her alive on " " 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exposure. Child was found locked in Closet at 1710 Eutaw Place city

Congestion Lungs (DURATION) 3 1/2 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) J. J. O'Donnell M.D.

Address OK Franklin Square

Date April 8 1908

Place of Burial COLLEGE OF P. & S.

APR 8 - 1908

Commissioner Health,

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3 2

Ward 7 C11193 Registered No. B C11193

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Sudmeier

{ Residence, if in Baltimore, Give Street and Number. } 223 N. Bond St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH April 7 1908.

AGE ..... years, ... months, 5 hours days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER H. F. Sudmeier.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Eliz. Suffmeir.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) C. Baldwin Jr.

(Address) 603 S. Sharp St.

Filed 4/9 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190..

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Primary Birth-debility of the 3 hours

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. Baldwin M.D.

Address 603 S. Sharp St.

Date April 7. 1908.

Place of Burial COLLEGE OF P. & S.

Date APR 8 - 1908 190..

Undertaker Commissioner Health,

Address .....

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92

Ward 5 C11194 Registered No. B C11194

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 1229 E Monument St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Editha B Plummer

{Residence, if in Baltimore, Give Street and Number.} 1229 E Monument st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 16th 1883

AGE: 24 years, 3 months, 20 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George W Plummer

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Josephine Holland

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Josephine Plummer

(Address) 1229 E Monument St

Filed 4/9 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8- 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 4 1908 to April 8 1908

that I last saw h[illegible] alive on [illegible] 1908

and that death occurred, on the date stated above, at 12[illegible] a.m. CAUSE OF DEATH (Secondary or Immediate)

Neuroasthenia
Nephritis
about 2 month (DURATION) DAYS

Contributory (Primary.)
Cardiac Exhaustion (DURATION) 4 DAYS

(Signed) William J. Rysanek M.D.

Address 2005 Eastland Ave

Date April 8. 1908

Place of Burial Greenmount Cemetery

Date April 12th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C1195 Registered No. B C1195

CERTIFICATE OF DEATH. 171

(Place of Death.) No. 1513 N Calhoun Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Edward Brooks

{ Residence, if in Baltimore, Give Street and Number. } 1513 N. Calhoun St

Duration of Residence in Baltimore. 4 wks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph. Brooks

BIRTHPLACE OF FATHER (State or country): Baltimore md

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 4/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1908

I HEREBY CERTIFY, That I attended deceased from Mch. 9, 1908 to April 8 1908 that I last saw h— alive on April 6 1908 and that death occurred, on the date stated above, at 10 ¾ A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.
7 months.
(DURATION) DAYS

Contributory (Primary) Mother in Tuberculer.
(DURATION) DAYS

(Signed) Wm. H. Myer M.D.

Address 1313 N. Carey St

Date April 8, 1908

Place of Burial Mt Zion

Date April the 10 1908

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11196 Registered No. B C11196

CERTIFICATE OF DEATH.

(Place of Death.) No. Preston Apartment St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)
Guilford ave & Preston St.

Full Name Mrs Holly L. Dennell

{ Residence, if in Baltimore, Give Street and Number. } Preston apartment

Duration of Residence in Baltimore. about nine weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 23rd 1873

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Gloucester Co Virginia

FULL NAME OF FATHER John Haston Seawell

BIRTHPLACE OF FATHER (State or country) Gloucester Co Va

MAIDEN NAME OF MOTHER Henrietta Smith

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. W. Conkling

(Address) Savings Bank of Balto

Filed 4/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1908

I HEREBY CERTIFY, That I attended deceased from 1908 to April 9th 1908

that I last saw h alive on April 8th 1908,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Laryngeal Tuberculosis

8 mos (DURATION) DAYS

Contributory (Primary.) Pul Tuberculosis

one year (DURATION) DAYS

(Signed) C B Gamble Jr M.D.

Address 249 W Biddle St

Date April 11 1908

Place of Burial Gloucester Co Virginia

Date April 10 1908

Undertaker Wm Jenkins Sons Co

Address 300 to 306 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7th

C11197 Registered No. B 130

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Shainity

{ Residence, if in Baltimore, Give Street and Number. } 816 S. Charles Street

Duration of Residence in Baltimore 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~April 9th~~

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Solomon Rabinowich

BIRTHPLACE OF FATHER (State or country) Kiefe Russia

MAIDEN NAME OF MOTHER Annie Rabinowich

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Shainity

(Address) 618 S Charles st

Filed 4/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1908

I HEREBY CERTIFY, That I attended deceased from April 5th 1908 to April 9th 1908

that I last saw h[er] alive on April 9th 1908,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

Shock due to operation (Ovariotomy)

(DURATION) 3 DAYS

Contributory (Primary) Thrombo Pelvic Abscess

Peritonitis (DURATION) 3 DAYS

(Signed) Edgar J. Perkins M.D.

Address University Hospital

Date April 9th 1908

Place of Burial Holy Cross Washington Rd

Date April 9, 1908

Undertaker Max Levinson

Address 1621 McElderry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 9 — C11198 — Registered No. B C11198

CERTIFICATE OF DEATH.

78

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Rubin

{Residence, if in Baltimore, Give Street and Number.} 904 S Bond st

Duration of Residence in Baltimore. 12 Yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 41 years, ... mont's, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jacob Singer

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Hannah Lewis

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Rubin

(Address) 904 Bond st

Filed 4/9 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 190 8

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to April 9 190 8

that I last saw h alive on April 9 190 8

and that death occurred, on the date stated above, at 2.40 A. M. CAUSE OF DEATH (Secondary or Immediate

Myocarditis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date April 9 190 8

Place of Burial Hebrew Rondale

Date April 9, 190 8

Undertaker [redacted]

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

C11199

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 600 W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Americus E. Lake

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Jan (Month) 4 (Day) 1878 (Year)

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Michigan

FULL NAME OF FATHER: Dr W H Lake

BIRTHPLACE OF FATHER (State or country): N.Y.

MAIDEN NAME OF MOTHER: Laura Bartlett

BIRTHPLACE OF MOTHER (State or country): N.Y.

OCCUPATION OF DECEASED: Sales Mgr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ina F Lake

(Address) 600 W Saratoga St

Filed 4/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to April 8 1908

that I last saw h— alive on April 8 1908,

and that death occurred, on the date stated above, at 2.20 a. m. The CAUSE OF DEATH was as follows:

Organic Heart Disease

(DURATION) 1 Year

Contributory Myocarditis

(DURATION) ____ DAYS

(Signed) Lewis R. Palmer M. D.

4/8 1908 (Address) 1029 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: April 10 1908

UNDERTAKER: J Marion Poulton

ADDRESS: 231 N Greene

WM. J. C. DULANY CO., BALTIMORE

Ward 8 C11200 Registered No. B C11200

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth J Wright

{Residence, if in Baltimore, Give Street and Number.} 1618 N Bethel

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 9 1881

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John E. White

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth Warner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F Peck,

(Address) 423 Central Ave

Filed 4/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1908

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to April 8 1908

that I last saw her alive on April 8 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Uraemia

Nephritis (DURATION) 26 DAYS

(Signed) John T Avrey M.D.

Address 1823 Broadway

Date April 9 1908

Place of Burial Holy Redeemer

Date April 10 1908

Undertaker Chas F. Evans

Address 118 N. Mt. Royal

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11201 Registered No. B 11201

CERTIFICATE OF DEATH.

(Place of Death.) No. 1120 Brighton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. George Gardner

{Residence, if in Baltimore, Give Street and Number.} 1120 Brighton St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: Julia Gardner

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susia Gardner

(Address) 1120 Brighton St

Filed 4/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to April 6 1908

that I last saw him alive on April 6 1908,

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Probably 1 or 2 years (DURATION) DAYS

Contributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) M. A. Mehus M.D.

Address 1711 Madison Ave.

Date April 8 1908

Place of Burial National Cemetery

Date April 10 1908

Undertaker John H Owens & Son

Address 1122 Druid St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 11 Registered No. B 011202

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1314 Cutler St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Crawford

{ Residence, if in Baltimore, Give Street and Number. } 1314 Cutler St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Annie Biggerstaff, (Address) 1314 Cutler St.

Filed 4/9 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1908.

I HEREBY CERTIFY, That I attended deceased from Feb. 1908, to April 8 1908, that I last saw h alive on April 7, 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation 7 days

Contributory (Primary) (DURATION) DAYS

(Signed) J. Edw. Magruder M.D.

Address 922 Madison Ave.

Date April 9, 1908.

Place of Burial Mont Auburn

Date April 10 1908

Undertaker John H. Owens & Son

Address 1222 Division St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C11203 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 91 C11203

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, No. 247 W. Dolphin St.; ..... Ward

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgianna Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: June (Month) 16 (Day) 1838 (Year)

AGE: 69 years, 9 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Martha A. Hoy

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Davis

(Address) 74 W. Dolphin

Filed 4/9 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 31 1908 to April 8 1908

that I last saw h[illegible] alive on April 7 1908,

and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Levin A. Palmer M. D.

April 8 1908 (Address) 1021 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount | DATE OF BURIAL: April 10 1908

UNDERTAKER: Geo. Weber | ADDRESS: 1157 N. Carey

WM. J. C. DULANY CO., BALTIMORE

Ward 6 C11204 Registered No. B C11204

CERTIFICATE OF DEATH. 137

(Place of Death.) No. Montebello & Taylor, Waverley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia K. Straminska

{Residence, if in Baltimore, Give Street and Number.} Montebello & Taylor, avenues Waverley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 11th 1886.

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Walter Taylor

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Florence Gilly

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Geo W. Straminski

(Address) Montebello & Taylor.

Filed 4/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 8 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 25 1908 to Apr 8 1908

that I last saw h alive on Apr 8 1908,

and that death occurred, on the date stated above, at 7 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 2 DAYS

Contributory (Primary) (Peritonitis

(Following confinement) (DURATION) 5 DAYS

(Signed) John D Kuhn M.D.

Address 498 Groudland

Date Apr 8 1908

Place of Burial Balto Cem

Date Apr 11 1908

Undertaker William Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C11205 Registered No. B C11205

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 610 Cumberland St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elsie P. Burch

{Residence, if in Baltimore, Give Street and Number.} 610 Cumberland St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Elijah Blizzard

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Bostick

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Blizzard

(Address) 610 Cumberland St

Filed 4/9 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1908

I HEREBY CERTIFY, That I attended deceased from April 5 1908 to April 8 1908 that I last saw her alive on April 8 1908, and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

(DURATION) 4 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) — DAYS

(Signed) Alex. T. Vonderhuz M.D.

Address 1656 N. Gilmor St

Date April 8th 1908

Place of Burial Mt. Marys Cem (Hampden)

Date Apr. 11 1908 190

Undertaker William Doak

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11206 Registered No. B C11206

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Inf. Ceylon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernard McGorley

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf Asy

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE ..... years, 1 months 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infy Asy

(Address)

Filed 7/9 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 7 1908

I HEREBY CERTIFY, That I attended deceased from March 9 1906 to Apr 7 1908

that I last saw h... alive on Apr 7 1908,

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate)

malnutrition.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. F. Hayward M.D.

Address 1230 N Carlton st

Date 4-7- 1908

Place of Burial Mt Cathedral

Date April 9 1908

Undertaker Markie Gahey & Son

Address 60 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 CH20? Registered No. B CH20? 159

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or institution, give Its Name Instead of Street and Number)

Full Name Rose Lynch

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf Asy

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH April 2 1908

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy

(Address)

Filed 4/9 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 6, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 3 1908 to Apr. 6 1908

that I last saw h[illegible] alive on Apr 6 1908

and that death occurred, on the date stated above, at 12 noon

..... M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) DAYS

Contributory (Primary)

..... (DURATION) DAYS

(Signed) Dr. Harry Wards M.D.

Address 1230 N. Caroline St.

Date Apr 6, 1908

Place of Burial New Cathedral

Date April 9 1908

Undertaker Martin Feahey and Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11208 Registered No. B C11208

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Calvert

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH March 16 1908

AGE ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 4/9 1908

HARRY C. ANDREWS?
PERMIT CLERK? Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8, 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr 8 1908

that I last saw h... alive on Apr 7 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Malnutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. T. Hayward M.D.

Address 1230 N Caroline St

Date 4—8. 1908

Place of Burial Mount Cathedral

Date April 9 1908

Undertaker Martin Gahey and Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B C11209

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augustin Jones

{Residence, if in Baltimore, Give Street and Number.} St Vincts Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH 1908

AGE ..... years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 4/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 7 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 1 1908 to Apr 7 1908

that I last saw h alive on Apr. 6 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Caroline St

Date 4-7 1908

Place of Burial New Cathedral

Date April 9 1908

Undertaker Martin Lakey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Gertrude Stone

{Residence, if in Baltimore, Give Street and Number.} 914 Linden Ave St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: March 24 1908

AGE: — years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Saml. Brunson

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Gertrude Stone

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Stone

(Address) 914 Linden Ave

Filed 4/9 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....m. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

from a Birth (DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Sidney Baldwin M.D.

Address 700 Lafayette Ave Comm

Date Apr. 9th 1908

Place of Burial COLLEGE OF P. & S.

Date APR 9 - 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

Ward 10 C11211 Registered No. B 13

CERTIFICATE OF DEATH.

(Place of Death.) No. 2438 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irene M. Scholl

{Residence, if in Baltimore, Give Street and Number.} 2438 E. Chase St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 27th 1888

AGE 20 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Milton F. Thompson

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lida —

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E. Scholl

(Address) 2438 E Chase

Filed 4/9 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1908

I HEREBY CERTIFY, That I attended deceased from April 1 190 to April 7 190 8

that I last saw h[illegible] alive on April 7 190 8

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Geo H Young M.D.

Address 735 N Broadway

Date April 9 1908

Place of Burial Balto Cem.

Date 4/10/08 190

Undertaker J Herring Son

Address 900 S Eden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 29 S. Pulaski St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary A Law

{ Residence, if in Baltimore, Give Street and Number. } 29 S. Pulaski St

Duration of Residence in Baltimore. Lifetime C11212

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Connors

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Wm. D. Law

(Address)

Filed 4/10" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Apl 4 1908 that I last saw h[er] alive on Apl 7 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 123 Gramont Ave

Date April 8th 1908

Place of Burial Catholic Cem-

Date April - 10 - 1908

Undertaker Crowley Bros

Address 25 N Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11213 Registered No. B C11213

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 210 West Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Edward Brady

{ Residence, if in Baltimore, Give Street and Number. } 210 West Biddle

Duration of Residence in Baltimore. Born in Baltimore lived there all his life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Man	COLOR: White
DATE OF BIRTH: January 11 1853	
AGE: 55 years, 2 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City Baltimore Md.	
FULL NAME OF FATHER: Edward Brady	
BIRTHPLACE OF FATHER (State or country): Cavan County Ireland	
MAIDEN NAME OF MOTHER: Bridget Mary Timmons	
BIRTHPLACE OF MOTHER (State or country): Cavan County Ireland	
OCCUPATION OF DECEASED: Horse Trainer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Margaret Brady

(Address) 210 West Biddle

Filed 4/10 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1908

I HEREBY CERTIFY, That I attended deceased from April 2nd 1908 to April 7th 1908

that I last saw him alive on April 7 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic disease of heart

(DURATION) about 10 DAYS

Contributory (Primary.) Heart Paralysis

(DURATION) 5 DAYS

(Signed) L. H. Hoffman M.D.

Address 702 W. Fayette St.

Date April 8 1908

Place of Burial New Cathedral

Date April 11 1908

Undertaker Henry Deutsch's Sons

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11214 Registered No. B C11214

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua W. Gore

{Residence, if in Baltimore, Give Street and Number.} Chapel Hill. N. C.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jany 15th 1851

AGE: 57 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Mahlon Gore

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Sidney Cather

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: University Professor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Howard Gore

(Address) 2210 R St. Washington D.C.

Filed 4/10" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8, 1908

I HEREBY CERTIFY, That I attended deceased from March 31, 1908 to April 8, 1908

that I last saw him alive on April 8, 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Virginius Wroth, Jr. M.D.

Address Union Prot. Inf.

Date April 8, 1908

Place of Burial Greenmount Cemetery

Date April 10 1908

Undertaker Henry P. Jenkins' Sons Co.

Address 306 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11215 Registered No. B 69.

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Park Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. A Gardiner

{ Residence, if in Baltimore, Give Street and Number. } 716 Park Ave.

Duration of Residence in Baltimore. 12 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Asa B Gardiner

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Mary Austin

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Lee's Gardiner Dairy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asa B Gardiner

(Address) Glencoe Md.

Filed 4/10" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia,

Acute Bronchitis (DURATION) DAYS

Contributory (Primary.) Epilepsy,

2 Yrs (DURATION) DAYS

(Signed) [illegible] M.D.

Address 700 Log. Ave. (Corner)

Date April 5th 1908

Place of Burial Glencoe Balto Md

Date April 11th 1908

Undertaker Henry W. Jenkins & Son Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C11216 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John D. Wilson.

{ Residence, if in Baltimore, Give Street and Number. } Stevenson Balto Co. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, 10 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Allegheny Co. Md.

FULL NAME OF FATHER: John Wilson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Isabella Glover

BIRTHPLACE OF MOTHER (State or country): Carlisle Pa

OCCUPATION OF DECEASED: Lawyer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B.D. Wilson.

(Address) Stevenson Md

Filed 4/10 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7th 1908

I HEREBY CERTIFY, That I attended deceased from April 6, 1908 to April 7, 1908 that I last saw him alive on April 7th 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address J. H. Hospital

Date April 7 1908

Place of Burial London Park Cem.

Date April 10th 1908

Undertaker Henry R. Jenkins Sons Co.

Address 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

C11217

Registered No. B.....

City of Baltimore, (No. 316 N. Pine St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta Raike

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: — (Month) 1 (Day) (Year)

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Owen Summers

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margaret Miller

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Jones

(Address) 816 Pine St.

Filed 4/10 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8" 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 4 1908 to April 8" 1908

that I last saw her alive on " " 1908,

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Paralysis

A Cripple Months (DURATION) DAYS

Contributory — (DURATION) DAYS

(Signed) D. Yingling M. D.

1908 (Address) 705 Dolphin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Apr. 11 1908
UNDERTAKER	ADDRESS
Alex. Kennedy	571 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C11218 Registered No. B .....

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bethuish Mann

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 50 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Tenn.	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Cook	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday..

(Address) Bay View Asylum

Filed 4/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to April 9 1908

that I last saw h er alive on April 8 1908,

and that death occurred, on the date stated above, at 4 45

9 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) ..... DAYS

Contributory (Primary.) Senility

(DURATION) ..... DAYS

(Signed) W. H. P. Bay M.D.

Address Bay View

Date April 9 1908

Place of Burial Mt. Auburn Cemetery

Date Apr. 11 1908

Undertaker Alex. Hemaley

Address 571 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C1219 Registered No. B C1219

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 1649 Belt av St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Edgar H. Butler

{Residence, if in Baltimore, Give Street and Number.} 1649 Belt av

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 23 190[illegible]

AGE: ..... years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Orville W. Butler

BIRTHPLACE OF FATHER (State or country): Frederick Co Md

MAIDEN NAME OF MOTHER: Annie May Sweet

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. W. Butler

(Address) 1649 Belt av

Filed 4/10 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 9th 1908

I HEREBY CERTIFY, That I attended deceased from March 2d 1908 to April 9th 1908 that I last saw h[illegible] alive on Apl 8th 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) 2 DAYS

Con'ributory (Primary) Tuberculus Meningitis

(DURATION) 20 DAYS

(Signed) [illegible] M.D.

Address 1425 Light St

Date Apr 9th 1908

Place of Burial London Park

Date April 10 1908

Undertaker S E J Fanning

Address 1460 Battery av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C11220 Registered No. B C11220

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 513 N Arlington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob H Leber

{Residence, if in Baltimore, Give Street and Number.} 513 N Arlington ave

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 2nd 1834

AGE 74 years, 2 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER John Leber

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Margaret Knauss

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Paul Leber

(Address) 513 N. Arlington ave

Filed 4/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH APR 10 1908 190

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to APR 10 1908 190

that I last saw him alive on Apr 9 1908,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Ulcer, Rectum

Unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ina Fehrenbach M.D.

Address N. E. Cor. Lafayette & Carrollton Aves

Date APR 10 1908 190

Place of Burial Lorraine Cemetery

Date April 12th 1908

Undertaker Stewart Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 6

C1221 Registered No. B C1221

CERTIFICATE OF DEATH.

(Place of Death.) No. 238 N. Milton ave St. 90

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas F. Iden

{Residence, if in Baltimore, Give Street and Number.} 238 N. Milton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Feb. 23 1908

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER F. Peter Iden

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Catharine Reff

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Peter Iden

(Address) 238 N. Milton ave

Filed 4/10 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1908

I HEREBY CERTIFY, That I attended deceased from April 9 1908 to April 9 1908

that I last saw him alive on April 9 1908

and that death occurred, on the date stated above, at 8. a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 milton ave

Date April 9 1908

Place of Burial Holy Redeemer

Date April 10 1908

Undertaker Jos. J. Iden

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11222 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. 573 Moore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clinton Jones.

{Residence, if in Baltimore, Give Street and Number.} 573 Moore St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1907

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edward Jones.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Amelia Grimes

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Jones.

(Address) 573 Moore St.

Filed 4/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 8, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1908 to Apr 8 1908

that I last saw h[illegible] alive on Apr 8 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

..... (DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis "

four months " (DURATION) ..... DAYS

(Signed) W. W. Bowers M.D.

Address Md. Gen " Hosp "

Date Apr. 8 1908

Place of Burial Mt Auburn Cemetery

Date April 10 1908

Undertaker R. A. Gilliam

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Head of Long Dock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maura Lambaero Gallabarba

{ Residence, if in Baltimore, Give Street and Number. } 110 Albemarle st

Duration of Residence in Baltimore. 3 yrs

C11723

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Pattera

(Address) 200 Albemarle st.

Filed 4/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 9— 1908

I HEREBY CERTIFY, That I attended deceased from Coroners Case 190 to 190

that I last saw h alive on — 190—,

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Accidental drowning

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. D. Layton M.D. Coroner

Address 1216 N Caroline st

Date Apr. 9— 1908

Place of Burial St. Vincent Cem.

Date Apr. 11 190—

Undertaker Wendell Dippel & Son

Address 330 S. Bond

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11224

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 1940 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E Reese

{Residence, if in Baltimore, Give Street and Number.} 1940 W. Franklin av

Duration of Residence in Baltimore. 43 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 28 1843

AGE 65 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Cambrige md

FULL NAME OF FATHER James E Reese

BIRTHPLACE OF FATHER (State or country) Cambrige md

MAIDEN NAME OF MOTHER Jane Spedden

BIRTHPLACE OF MOTHER (State or country) Cambrige md

OCCUPATION OF DECEASED Contractor & Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Gainor Reese

(Address) 1940 W. Franklin

Filed 4/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 9 1908

I HEREBY CERTIFY, That I attended deceased from March 28 1908 to Apr 5 1908

that I last saw h[illegible] alive on Apr 8 1908

and that death occurred, on the date stated above, at 3 45 a m. CAUSE OF DEATH (Secondary or Immediate

Atrophy of Stomach

(DURATION) DAYS

Con'ributory (Primary) Dont Know

(DURATION) DAYS

(Signed) H C McCurdy M.D.

Address 1803 W. Saratoga st

Date April 9 1908

Place of Burial Cambrige Dorchester co md

Date April 10th 1908

Undertaker Geo J Smith Co

Address 1000 W. Fayett av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C11225 OFFICE OF REGISTRAR OF VITAL STATISTICS. C11225

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 110, Wilcox St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanche Augusta Ricketts

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Sept 17 (Month) 1887 (Day) (Year)

AGE 20 years, 7 months, — days

SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Ricketts Jr

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Zeigler

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ricketts

(Address) 1101 Wilcox St

Filed 4/10 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 9, (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 2, 1908 to April 9, 1908 that I last saw h alive on April 1908 and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 1 DAYS

Contributory Patient was an imbecile with poorly developed brain body. (DURATION) all life DAYS

(Signed) H. Fil Magruder M. D.

April 9, 1908 (Address) 205 E. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt. Auburn | DATE OF BURIAL April 11 1908

UNDERTAKER Robt J Turner | ADDRESS 1X X 24 Bond

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C11226 Registered No. B C11226

69

CERTIFICATE OF DEATH.

(Place of Death.) No. 2123 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evan T. Hans

{Residence, if in Baltimore, Give Street and Number.} 2123 Linden Ave

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~1841~~ Oct 29th 1841

AGE: 66 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): -

FULL NAME OF FATHER: John T Hans

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER: Ann Roberts

BIRTHPLACE OF MOTHER (State or country): -

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John T Hans

(Address) 2123 Linden ave

Filed 4/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1908

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to April 8th 1908

that I last saw h.. alive on April 8 1908

and that death occurred, on the date stated above, at 9.09 M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis -

(DURATION) 2 DAYS

Contributory (Primary) Cerebral Hemorrhage

Mouth Operation (DURATION) DAYS

(Signed) W. F. A. Kemp M.D.

Address 8 W 25th

Date April 8 1908

Place of Burial Green Mt Cemetery

Date April 10th 1908

Undertaker John T. Hauck Co

Address 1422 Linden ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11227

City of Baltimore, (No. 2212, Callow Avenue St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mollie Heller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July (Month) 7 (Day) 1871 (Year)

AGE: 37 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Maurice Heller

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Anna Shatzman

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maurice Heller

(Address) 2212 Callow ave.

Filed 4/10 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 6th 1908 to April 9th 1908 that I last saw her alive on April 9th 1908, and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Peritonitis

(DURATION) 3 DAYS

Contributory Gastric ulcer (?)

(DURATION) ? DAYS

(Signed) Louis P Hamburger M. D.

April 10th 1908 (Address) 1210 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balt. Hebrew Cem.

DATE OF BURIAL: April 10 1908

UNDERTAKER: J. Ahrens & Co

ADDRESS: 1607 Madison

WM. J. C. DULANY CO., BALTIMORE

Ward 17 Registered No. B C11228

C11228

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Warner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Blue.

{ Residence, if in Baltimore, Give Street and Number. } 1132 Warner St

Duration of Residence in Baltimore. 4 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: Geo Blue

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laura Harris

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Blue

(Address) 1132 Warner St

Filed 4/10 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1908

I HEREBY CERTIFY, That I attended deceased from March 29 1908 to Apr. 8 1908.

that I last saw him alive on Apr. 8 1908,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

about 30 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Mackabe M.D.

Address 504 S. Paca St

Date April 9th 1908.

Place of Burial Mt Auburn cemetery

Date April 10 1908

Undertaker Geo H Stofter

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B

CERTIFICATE OF DEATH.

47

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Crilly

{ Residence, if in Baltimore, Give Street and Number. }

C 11229

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1830

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Andrew Crilly

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary McNarney

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 4/10 1908

HARRY O. ANDREWS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 9th 1908

I HEREBY CERTIFY, That I attended deceased from Morrord 190 to 190

that I last saw her alive on April 5 1908,

and that death occurred, on the date stated above, at 1.30 p.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic rheumatism

unknown (DURATION) DAYS

Contributory (Primary.)

debility 7 days (DURATION) DAYS

(Signed) F. A. Warner, M.D.

Address 1133 Valley st

Date April 9 1908

Place of Burial Holy Cross Cem

Date April 10th 1908

Undertaker Henry C. Wiedefield

Address 914 Greenmount av.

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

40

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11230

City of Baltimore, (No. 1007 E. Baltimore St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Francis Hughes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: 45 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Washington D C.

FULL NAME OF FATHER: James Hughes

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Eliza Esson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. E. F. Mahon

(Address) 620 Clinton Ave

Filed 4/10 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 9th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1907 to Apr. 9 1908

that I last saw h[illegible] alive on Apr. 9 1908,

and that death occurred, on the date stated above, at 6.40 P. M. The CAUSE OF DEATH was as follows:

Oesophageal Carcinoma

(DURATION) 168 DAYS

Contributory Phthisis

(DURATION) ..... DAYS

(Signed) R. H. Johnston M. D.

April 9th 1908 (Address) 919 N. Charles.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 168 days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery. Washington D. C.	April 11 1908
UNDERTAKER	ADDRESS
Harry Hoeckstra	130 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 CH251 Registered No. B

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2210 Bank St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mable Adela Barrett

{Residence, if in Baltimore, Give Street and Number.} 2210 Bank St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH 1

AGE 17 months days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Oliver Barrett

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Amelia Berlin

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Olin Barrett

(Address) 2210 Bank St

Filed 4/10 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9, 1908

I HEREBY CERTIFY, That I attended deceased from Mch 16, 1908 to April 9 1908

that I last saw her alive on April 8 1908,

and that death occurred, on the date stated above, at 5.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

about 6 Weeks (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) Geo Adler M.D.

Address 1937 Gough St

Date April 9. 1908

Place of Burial Oak Lawn

Date Apr 10 1908

Undertaker J C Hughes

Address 17 S Broadway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 11232

CERTIFICATE OF DEATH.

119

(Place of Death.) No 23 Merriman's Lane St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sarah Bailey

{Residence, if in Baltimore, Give Street and Number.} 23 Merriman's Lane

Duration of Residence in Baltimore. Sixteen years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — — 1

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Edward Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Johnson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 23 Merriman Ave

Filed 4/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 8 1908.

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to April 7 1908

that I last saw h[illegible] alive on Apr 7 1908

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) R. Garland Chisolm M.D.

Address 424 - East 23 St.

Date Apr. 8. 1908.

Place of Burial Laurel

Date April 11th 1908

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11233 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E. Smith

{Residence, if in Baltimore, Give Street and Number.} 303 Myrtle Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: Black
DATE OF BIRTH: 1	
AGE: 36 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Charlestown Ind
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brooks

(Address) 303 Myrtle Ave

Filed 4/10 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1908

I HEREBY CERTIFY, That I attended deceased from April 8 1908 to April 8 1908 that I last saw him alive on April 8 1908, and that death occurred, on the date stated above, at 8:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemoptysis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Phthisis (DURATION) DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Apr 9 1908

Place of Burial Mt Auburn

Date April 12 1908

Undertaker R. A. Gallioth

Address 506 Rogers Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11234 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 722 Cursor St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine E. Brown

{Residence, if in Baltimore, Give Street and Number.} 722 Cursor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE X years, 6 months, X days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Bucks Md

FULL NAME OF FATHER Richard Smith

BIRTHPLACE OF FATHER (State or country) —— Md

MAIDEN NAME OF MOTHER Ida Brown

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Iron

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mamie L Friend Gertrude

(Address) 1722 Ensor St

Filed 4/10 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 8 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to 1908

that I last saw h~~e~~ alive on ~~1908~~,

and that death occurred, on the date stated above, at 9 1/4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jos R Carnline M.D.

Address Arnold Md

Date Apr 9 — 08 1908

Place of Burial Laurel

Date April 11th 1908

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... Registered No. B ... C11235

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 730 N Spring St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Smith

{Residence, if in Baltimore, Give Street and Number.} 730 N Spring St

Duration of Residence in Baltimore ... 75 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 102 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Washington

(Address) 1421 Orleans St.

Filed 4/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1908

I HEREBY CERTIFY, That I attended deceased from April 5 1908 to April 8 1908

that I last saw her alive on April 8 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy contused Wound

(DURATION) 2 DAYS

Contributory (Primary.) Old age

(DURATION) 2 DAYS

(Signed) Dr W Bernard M.D.

Address 706 E. Lanvale

Date ... 1908

Place of Burial Woodlawn

Date April 12 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name*, **sex**, **age**, *condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward V

C11236 Registered No. B C11236

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 529 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonina Janecka

{Residence, if in Baltimore, Give Street and Number.} 529 S. Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Paul Janecki.

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Bronislawa Wosocka.

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Paul Janecki.

Address 1925 Alice Anna St

Filed 4/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 — 1908

I HEREBY CERTIFY, That I attended deceased from April 5 1908 to April 9 1908

that I last saw h[illegible] alive on 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Thrombosis (DURATION) ..... DAYS

(Signed) D. J. Lysaught M.D.

Address 2008 Oakland Ave

Date April 9 — 1908

Place of Burial Holy Rosary

Date APR 10 1908 190

Undertaker M. F. SADOWSKI

Address 703 S. Ann ST. BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C11237 Registered No. B 108

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Keil

{Residence, if in Baltimore, Give Street and Number.} 1170 Carroll Av

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 7 1884

AGE 23 years, 4 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Newark N. J.

FULL NAME OF FATHER Harry H. Keil

BIRTHPLACE OF FATHER (State or country) Newark N. J.

MAIDEN NAME OF MOTHER Rosanna Hagel

BIRTHPLACE OF MOTHER (State or country) Newark N. J.

OCCUPATION OF DECEASED Shirt Drawer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Harry H Keil

(Address) 1170 Carroll St

Filed 4/10 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4-8 1908

I HEREBY CERTIFY, That I attended deceased from 4-2 1908 to 4-8 1908 that I last saw h-- alive on 4-8 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of stomach with cardiac asthenia

36 hrs (DURATION) DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) 2 DAYS

(Signed) G W Billups M.D.

Address University Hospital

Date 4-8 1908

Place of Burial Western Cem

Date April 10 1908

Undertaker Jos H Cook

Address 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... CU1238 Registered No. B CU1238

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1317 Upton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Heath.

{Residence, if in Baltimore, Give Street and Number.} 1317 Upton St.

Duration of Residence in Baltimore. all life.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 21 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robert Heath

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriet Hughes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Heath

(Address) 1317 Upton St

Filed 4/10 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 7 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1908 to April 7 1908

that I last saw h in alive on April 1906

and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of Lungs.

(DURATION) 15 days.

Contributory (Primary) Pulmonary Tub.

Enteritis (DURATION) DAYS.

(Signed) W. H. Myhr M.D.

Address 1373 N. Carey St

Date April 7, 1908

Place of Burial Mt auburn

Date April 10 1908

Undertaker W. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C11239 Registered No. B

6

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosie Butler

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Lifetime C11239

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH	Sept 27th 1904
AGE	3 years, 7 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Edward Butler
BIRTHPLACE OF FATHER (State or country)	Balto, Md
MAIDEN NAME OF MOTHER	Mary Nemec
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy. Asy.

Address

Filed 4/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 8th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 4 1908 to Apr 8 1908

that I last saw her alive on Apr 7 1908,

and that death occurred, on the date stated above, at 2pm

M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 4- DAYS

Contributory (Primary) Measles

(DURATION) DAYS

(Signed) E. St. Hayward M.D.

Address 1230 N Caroline St

Date 4- 8- 1908

Place of Burial Holy Redeemer Cemetery

Date April 10 1908

Undertaker James Dignan & Son

Address 1759 W. Hamburg St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Register No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2177 Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Smith

{Residence, if in Baltimore, Give Street and Number.} 217 N Poppleton er

Duration of Residence in Baltimore. 60 years

C 11240

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 21 1830

AGE 77 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jacob A. Smith

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Auchentack

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel G. Smith

(Address) 217 N. Poppleton St

Filed 4/10 1908

HARRY O. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1908

I HEREBY CERTIFY, That I attended deceased from April 2 1908 to April 10 1908 that I last saw h er alive on April 9 1908, and that death occurred, on the date stated above, at 4.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 8 DAYS

Con tributory (Primary.)

(DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins Ave

Date April 10 1908

Place of Burial Baltimore Cemetery

Date April 11 1908

Undertaker H. Sander Sons

Address 1718 Eastern Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C11241

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2014. Kennedy Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Arianna Gaithrop.

{ Residence, if in Baltimore, Give Street and Number. } 2014. Kennedy Ave.

C 11241

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 8th. 1825

AGE: 83 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Archibald Hissey

BIRTHPLACE OF FATHER (State or country): Baltimore County Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Owen Gaithrop.

(Address) 1805. W. Baltimore St.

Filed 4/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 9. 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to Apr 9. 1908

that I last saw her alive on Apr 8 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

old age

(DURATION) — DAYS

Contributory (Primary.) 0

(DURATION) — DAYS

(Signed) G Lane Tamylhill M.D.

Address 1105 Woods ave

Date Apr 9 1908

Place of Burial Mt. Olivet

Date April 11th. 1908

Undertaker William M. Gaithrop

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

88

CERTIFICATE OF DEATH.

(Place of Death.) No. 1812 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Linder

{ Residence, if in Baltimore, Give Street and Number. } 1812 E. Fayette St

Duration of Residence in Baltimore. Since birth

C 11242

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Wh

DATE OF BIRTH Mar. 30 1906

AGE 2 years, 0 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Louis Linder

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Jennie Schwartzman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Singer

(Address) 20 S Chester St

Filed 4/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to Apr. 10 1908 that I last saw him alive on Apr. 10 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ? DAYS

Contributory (Primary.) Spondylitis

Tuberculosis (DURATION) ? DAYS

(Signed) F. Wolman M.D.

Address 124 N. Broadway

Date April 10, 1908

Place of Burial Hebrew Waverly Run Cemetery

Date April 12, 1908

Undertaker Max Levinson

Address 620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11243 Registered No. B C11243

134

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edith Lobeson

{Residence, if in Baltimore, Give Street and Number.} 720 Penna Ave "

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1873

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married "

BIRTHPLACE (State or country): Md "

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Sales lady "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs G. Crockett "

(Address) 700 Warren St. "

Filed 4/10 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 10, 1908

I HEREBY CERTIFY, That I attended deceased from Apr 6 1908 to Apr 10 1908

that I last saw h[illegible] alive on Apr 12 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) ..... DAYS

Con'tributory (Primary.) Ectopic Ges-

tation (DURATION) ..... DAYS

(Signed) W. W. Bowen M.D.

Address md. Gen. Hosp.

Date Apr. 10, 1908

Place of Burial Alexandria Va

Date April - 11th 1908

Undertaker Wm - H. Gawthrop

Address North & Linden Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11244 Registered No. B C11244

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 516. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Mary A. Perry (Perry)

{ Residence, if in Baltimore, Give Street and Number. } 516. Pratt St

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX. Female

COLOR. Red

DATE OF BIRTH. Don't know

AGE. About 75 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Washington D C

FULL NAME OF FATHER. Don't know

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED. Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bolt

Address 1117 Dolphin

Filed 4/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to April 9 1908 that I last saw h[er] alive on April 8 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Arterio-sclerosis

(DURATION) ? DAYS

Contributory (Primary) Senility

(DURATION) DAYS

(Signed) A S McCard M.D.

Address 2005 Druid Hill Ave

Date April 9 1908

Place of Burial Washington D.C.

Date April 11 1908

Undertaker J. A. Bolt

Address 1117 Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C11245 Registered No. B 36

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Jones "

{Residence, if in Baltimore, Give Street and Number.} 1446 Morton St "

Duration of Residence in Baltimore. Life "

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1863

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Quackenbush,

(Address) 1446 Morton St "

Filed 4/10 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 7, 1908

I HEREBY CERTIFY, That I attended deceased from Apr 4 1908 to Apr 8 1908

that I last saw h Live alive on Apr 7 1908

and that death occurred, on the date stated above, at 4 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Strangulation "

(DURATION) DAYS

Contributory (Primary) Syphilis & Eclampsia "

(DURATION) 2 months

(Signed) W. W. Brown, M.D.

Address Md. Gen Hosp, V

Date Apr. 10 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 10 1908 1908

Undertaker Commissioner Health.

Address

FOR ANATOMICAL PURPOSES

15

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

Ward ....

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2037 Bank St 93

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Randolph E. Olfers

{Residence, if in Baltimore, Give Street and Number.} 2037 Bank St.

Duration of Residence in Baltimore. 30 years

C 11246

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 14th 1855

AGE: 52 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bremen Germany

FULL NAME OF FATHER: John B. Olfers

BIRTHPLACE OF FATHER (State or country): Hanover, Germany

MAIDEN NAME OF MOTHER: Maria Swartz

BIRTHPLACE OF MOTHER (State or country): Charleston S. C.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Yeager

(Address) 2037 Bank.

Filed 4/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 — 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to April 9 1908

that I last saw h— alive on April 9 1908

and that death occurred, on the date stated above, at 2 — P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia —

5 Days — (DURATION) DAYS

Con'ributory (Primary.) Cardiac failure

(DURATION) DAYS

(Signed) J C Bonner M.D.

Address 125 S Bdwy

Date April 10/08 1908

Place of Burial Schwartz's Cemetery

Date April 12th 1908

Undertaker Germanus Trance

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11247

CERTIFICATE OF DEATH. 170

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W Green

{Residence, if in Baltimore, Give Street and Number.} 1114 Streeper St

Duration of Residence in Baltimore. 44 Years

C 11247

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 15th 1860

AGE: 47 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Green

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) BAY VIEW ASYLUM.

Filed 4/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 8. 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 28 1908 to April 8 1908 that I last saw h[im] alive on April 8 1908, and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date April 9 1908

Place of Burial Sacred Heart Cemetery

Date April 13th 1908

Undertaker Germanus Trance

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah D. Tappan

{Residence, if in Baltimore, Give Street and Number.} 218 N Washington St

Duration of Residence in Baltimore. 75 yrs

C11248

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 15th 1824

AGE 83 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Enoch Underwood

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Chalmers

(Address) 420 Calvert St

Filed 4/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1908

I HEREBY CERTIFY, That I attended deceased from April 7th 1908 to April 9th 1908 that I last saw her alive on April 9th 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) — DAYS

Contributory (Primary.) Inanition

(DURATION) 7 DAYS

(Signed) Elijah J. Russell M.D.

Address 423 N Broadway

Date April 10 1908

Place of Burial Mt Olivet Cemetery

Date April 11 1908

Undertaker Jackson Sons

Address Camden Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

151

CERTIFICATE OF DEATH

(Place of Death.) No. Hill Stafford Lane Ext'd near Lotus Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Gratzel

{Residence, if in Baltimore, Give Street and Number.} Stafford Lane Ext'd

Duration of Residence in Baltimore. Life

C 11249

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 15 1907

AGE: ... years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: August J Gratzel

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maggie Kehler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Gratzel

(Address) Stafford Lane Ext'd

Filed 4/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to April 9 1908 that I last saw h-- alive on April 9 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Atelactasis

(DURATION) Life DAYS

Contributory (Primary.) Prematurity (DURATION) DAYS

(Signed) Howard W James M.D.

Address Irving Ter

Date April 10 1908

Place of Burial Kepler's Cem. Gardenville

Date April 11th 1908

Undertaker C. W. Dill.

Address 910 Fredk. Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C11250 Registered No. B 8

106

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Addie Hall

{ Residence, if in Baltimore, Give Street and Number. } 1926 Ettinge St.

Duration of Residence in Baltimore. 5 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: April 9 1903

AGE: 5 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S. 1

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: John Hall

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mamie Morris

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Hall

(Address) 1926 Ettinge St

Filed 4/10 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 10 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to April 10 1908

that I last saw her alive on April 10 1908

and that death occurred, on the date stated above, at 11:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastro-intestinal indigestion - malnutrition

(DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) DAYS

(Signed) Frank S. Lyon M.D.

Address University Hospital

Date April, 10, 1908

Place of Burial Laurel Cemetary

Date April 12 1908

Undertaker Charles Burkett

Address 502 Bloom St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Chester St. Wharf St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Smolkowski

{Residence, if in Baltimore, Give Street and Number.} 515 S. Chapel St.

Duration of Residence in Baltimore. Life

172

C 1251

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 14 1887

AGE: 9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Andrzi Smolkowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Mary Powell

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrzi Smolkowski

(Address) 518 Chapel St

Filed 4/11 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 9 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos Linder Coroner M.D.

Address 320 N Wolfe St

Date ..... 190 .....

Place of Burial Holy Rosary Catholic

Date 190 8

Undertaker Jos Zbowroski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Davis Blackstone

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Unknown.

C11252

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black -

DATE OF BIRTH April 14 1903

AGE 4 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Va -

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred St. Elizabeths Home

(Address)

Filed 4/11" 1908 HARRY C. ANDREWS. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1907 to Apr 9 1908

that I last saw her alive on Apr 9 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 102 DAYS

(Signed) A. Chilton M.D.

Address 1519 N. Caroline St.

Date Apr. 10, 1908

Place of Burial Cathedral Cemetery

Date April - 11 1908

Undertaker Tobias B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Registered No. D

CERTIFICATE OF DEATH.

77

(Place of Death.) No. St. Elizabeths Home — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Ward

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Unknown

C 11253

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 5, 1906

AGE: 1 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home

Filed 4/11" 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 10, 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 30 1908 to Apr. 9 1908 that I last saw him alive on Apr. 9 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 95 DAYS

(Signed) A. Ellis M.D.

Address 1519 N. Caroline St.

Date Apr. 10, 1908

Place of Burial Cathedral Cemetery

Date April 11th 1908

Undertaker Felix B. Fyfe

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11254

C11254

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1273 Sargent st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George W Thomas Fenwick

{Residence, if in Baltimore, Give Street and Number.} 1273 Sargent st

Duration of Residence in Baltimore. 9 Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 21 1907

AGE: ..... years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Charles W Fenwick

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Annie M Williams

BIRTHPLACE OF MOTHER (State or country): Wash. D. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles W Fenwick

(Address) 1273 Sargent st

Filed 4/11 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10th 1908

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to April 10 1908

that I last saw h— alive on April 9 1908,

and that death occurred, on the date stated above, at 8 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 61 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) E Edwards M.D.

Address 519 Lord St

Date April 10 1908

Place of Burial Cathedral Cemetery

Date April 11 1908

Undertaker James Dignan's Sons

Address 75 9th Hamburg

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 219 N. Amity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie L. Green

{Residence, if in Baltimore, Give Street and Number.} 219 N. Amity St.

Duration of Residence in Baltimore. Life time

C 11255

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: 1

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert mathews

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary L. Ward

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida mathews

(Address) 219. n amity. St.

Filed

4/11 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to April 8 1908

that I last saw h er alive on April 8 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

acute Tuberculosis

Several year (DURATION) — DAYS

Contributory (Primary.) Influenza

Several weeks (DURATION) — DAYS

(Signed) Edward J. Wheatley M.D.

Address 1230 E. Fillmore Ave.

Date April 10 — 1908

Place of Burial Mt. auburn cem.

Date April 11 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., Baltimore.

Ward 17 C11256 Registered No. B C11256

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 1423 Ward St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Lee.

{Residence, if in Baltimore, Give Street and Number.} 1423 Ward St

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: July 1853

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Isaac Webster

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Minnie Johnson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Domestic work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lee

(Address) 1423 Ward St.

Filed 4/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1908.

I HEREBY CERTIFY, That I attended deceased from March 4th 1908 to April 9th 1908 that I last saw h.. alive on April 8th 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Uterus (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address Lying in Hospital

Date 4/10 1908

Place of Burial Mt. Auburn Cem.

Date April 11 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B C11252

CERTIFICATE OF DEATH. 41

(Place of Death.) No. 7373 Asheland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elenora P. Sheahey

{ Residence, if in Baltimore, Give Street and Number. } 7373 Asheland ave

C11257

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Dec 25 1867

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm J. Sheahey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eleanor P. Grant

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Sheahey

(Address) 7373 Asheland ave

Filed 4/11 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 10 1908

I HEREBY CERTIFY, That I attended deceased from Feb 15 1908 to Apl 10 1908 that I last saw her alive on Apl 8th 1908, and that death occurred, on the date stated above, at 7.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of peritoneum

2 months (DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Wm J Nelson M.D.

Address 2128 St Paul

Date Apl 10 1908

Place of Burial Loudon Park

Date Apl 12 1908

Undertaker Robt Turner

Address 1414 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 011258

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Bowman

{Residence, if in Baltimore, Give Street and Number.} 1206 Elting St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1.....

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. C. Made

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friends

(Address) ——

Filed 4/11 1908 HENRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 8 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 30 1908 to Apr. 8 1908

that I last saw h—— alive on —— 190.....,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Unknown

(DURATION) ..... DAYS

Contributory (Primary.) Bright's Disease

(DURATION) ..... DAYS

(Signed) Benj. Sottaplen M.D.

Address 1216 N. Caroline St

Date Apr. 11, 1908

Place of Burial Laurel

Date April 11 1908

Undertaker R. F. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

120

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 011259

City of Baltimore, (No. 1138 Druid Hill Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alexander Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Dec (Month) 3d (Day) 1837 (Year)

AGE: 70 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emeline Robinson

(Address) 1138 Druid Hill Ave.

Filed 4/11 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 9th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1908 to April 9 1908

that I last saw h in alive on April 9 1908

and that death occurred, on the date stated above, at 11:50 A.M. The CAUSE OF DEATH was as follows:

Apoplexy, Chronic Nephritis

(DURATION) 15 DAYS

Contributory Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) Jno R Humphreys M.D.

(Address) 901 Pulaski St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt. Auburn | DATE OF BURIAL: Apr. 11 1908

UNDERTAKER: Alex Hensley | ADDRESS: 5 & P W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

61

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11260

City of Baltimore, (No. 18, Gouldo Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Oct — 1907.
(Month) (Day) (Year)

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Wilson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Carrie Kane

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Wilson

(Address) 18 Gouldo Lane

Filed 4/11 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1st 1908 to April 8 1908 that I last saw him alive on April 6 1908, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Spinal meningitis

(DURATION) 2 Wks DAYS

Contributory Reflex

(DURATION) ..... DAYS

(Signed) Jennie R. Brune M. D.

April 8 1908 (Address) 1223 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Mt Auburn Ct | DATE OF BURIAL April 12 1908

UNDERTAKER J. L. Brown & Son | ADDRESS 108 N Monty

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1010 Peach alley - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Martin

{ Residence, if in Baltimore, Give Street and Number. } 1010 Peach alley.

Duration of Residence in Baltimore. 3 years. C 11261

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 87 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charleston S C

FULL NAME OF FATHER: Lewis Martin

BIRTHPLACE OF FATHER (State or country): S C

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Martin

(Address) 1010 Peach alley

Filed 4/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 10 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr 9 1908

that I last saw h-- alive on Apr 9 1908,

and that death occurred, on the date stated above, at 8 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Edw Smith M.D.

Address 738 Hanover St.

Date 4/10/08 1908

Place of Burial Mt Auburn ct

Date April 12th 1908

Undertaker G. L. Brown and Son

Address 108 n Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C11262

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 608 Mc Elderry ct. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorsey Gross

{Residence, if in Baltimore, Give Street and Number.} 608 Mc Elderry ct.

Duration of Residence in Baltimore. 40 years C 1262

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Aug 1st 1844

AGE 63 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Centerville Md

FULL NAME OF FATHER Sepley Gross

BIRTHPLACE OF FATHER (State or country) Centerville Md

MAIDEN NAME OF MOTHER Julia ——

BIRTHPLACE OF MOTHER (State or country) Centerville Md

OCCUPATION OF DECEASED Hod Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henretta Gross

(Address) 608 Mc Elderry ct.

Filed 4/11 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1908

I HEREBY CERTIFY, That I attended deceased from April 6th 1908 to April 9th 1908 that I last saw him alive on April 9 1908, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthama (DURATION) 14 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Leuk M.D.

Address 1313 W Baltimore

Date April 10th 1908

Place of Burial Asbury Cem

Date April 12 1908

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

62

CERTIFICATE OF DEATH.

(Place of Death.) No. 1601. N. Calvert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Gregg Thompson

{ Residence, if in Baltimore, Give Street and Number. } 1601. N. Calvert St

C11263

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 16th 1841

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Stephen Day Thompson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Ridgely Barney

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Broker (Retired)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rebecca Porter

(Address)

Filed 4/10 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Friday April 10th 1908

I HEREBY CERTIFY, That I attended deceased from April 7th 1908 to April 10th 1908

that I last saw him alive on April 10th 1908,

and that death occurred, on the date stated above, at 5.00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary) Locomotor Ataxia

Age 3 Years (DURATION) DAYS

(Signed) Chas Mackall M.D.

Address 607 N. Charles St

Date April 10th 1908

Place of Burial Green Mount

Date April 12th 1908

Undertaker Wm Jenkins Sons Co

Address 300 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 730 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Perry

{Residence, if in Baltimore, Give Street and Number.} 730 E North Ave

Duration of Residence in Baltimore. 5 mo C 11264

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH April 1" 1840

AGE 68 years, — months, 9 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Mass.

FULL NAME OF FATHER Alexander Perry

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Woodman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 730 E. North ave

Filed 4/11 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 10" 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1215 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Fredk Cameron M.D.

Address Coroners Office

Date Apr 10 — 08 1908

Place of Burial Western Cemetery

Date April 12" 1908

Undertaker Chas. F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11265

Registered No. B.....

City of Baltimore, (No. 21 N Glover St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stella Holston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept (Month) 10 (Day) 1907 (Year)

AGE: ..... years, 7 months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Howard Holston

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Nellie Cummings

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Holston

(Address) 21 N. Glover St

Filed 4/11 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 7 1908 to April 10 1908

that I last saw her alive on April 10th 1908,

and that death occurred, on the date stated above, at 3:30 P. M. The CAUSE OF DEATH was as follows:

Marasmus

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Adella J Nilson M. D.

April 10 1908 (Address) 24 S Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cemetery | DATE OF BURIAL: April 12 1908

UNDERTAKER: Chas. F. Evans | ADDRESS: 118 N. Howard

WM. J. C. DULANY CO., BALTIMORE.

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 786 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Venturella

{Residence, if in Baltimore, Give Street and Number.} 786 Columbia ave

Duration of Residence in Baltimore. Life time - C11266

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 4 - 24 - 1907

AGE: ..... years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): city.

FULL NAME OF FATHER: Salvatore Venturella

BIRTHPLACE OF FATHER (State or country): Italy -

MAIDEN NAME OF MOTHER: Santa Serio.

BIRTHPLACE OF MOTHER (State or country): Italy -

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Wm J. Tickner

(Address) 425 W. Lanvale St

Filed 4/11 1908

HARRY O. ANDREWS?
PERMIT CLERK? Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 - 11 - 1908

I HEREBY CERTIFY, That I attended deceased from 4-5 — 1908 to 4 - 10 1908 that I last saw h in alive on 4 - 10 1908, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure -

(DURATION) 2 DAYS

Contributory (Primary) Broncho pneumonia - (DURATION) 8 DAYS

(Signed) S. Demarco M.D.

Address 1604 Linden ave

Date 4 - 11 - 1908

Place of Burial St Vincents cem

Date April 12 1908

Undertaker Wm J. Tickner & Sons

Address 425 W. Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11267 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 2106. Pennsylvania Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Harnard

{Residence, if in Baltimore, Give Street and Number.} 2106 Pennsylvania Ave

Duration of Residence in Baltimore..... 15 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH 1	
AGE 16 years, — months, — days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single	
BIRTHPLACE (State or country) North Carolina	
FULL NAME OF FATHER J N Harnard	
BIRTHPLACE OF FATHER (State or country) North Carolina	
MAIDEN NAME OF MOTHER Amelia Hubbard	
BIRTHPLACE OF MOTHER (State or country) North Carolina	
OCCUPATION OF DECEASED None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J N Harnard

Address 2106 Pennsylvania Ave

Filed 4/11 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH APR 10 1908 190

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1907 to April 10, 1908 that I last saw h-r alive on April 10, 1908. and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 6 Months

Contributory (Primary)

(DURATION) DAYS

(Signed) J. H. Lumpkin M.D.

Address 658 Columbia Ave

Date April 11, 1908

Place of Burial Raleigh N.C.,

Date April 11 1908

Undertaker Young & Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11268

City of Baltimore, (No. Hospital for Women of Maryland Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alberta Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 6 (Month) — 10 (Day) — 1861 (Year)

AGE: 47 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: do not Know

BIRTHPLACE OF FATHER (State or country): do not Know

MAIDEN NAME OF MOTHER: do not Know

BIRTHPLACE OF MOTHER (State or country): do not know

OCCUPATION OF DECEASED: do not know

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John J Fahey

(Address) 1232 William

Filed Apl 11 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to Apr 9 1908

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Chronic Nephritis
Septic Cholecystitis
with Gallstones
Unknown (DURATION) DAYS

Contributory Suppression of urine
several hours (DURATION) MINS

(Signed) E. K. Ballard M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 807 W Lexington How long at Place of Death? 2 Days

Where was disease contracted, if not at place of death? not Known

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Apr 12 1908

UNDERTAKER: John J Fahey — ADDRESS: 1232 William

(over)

CLASSIFICATION OF DISEASES.

I. GENERAL DISEASES.

(A.) Epidemic diseases.

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic

(B.) Other

20. Septicemia
21. Glanders and fa
22. Malignant pust
23. Rabies
24. Actinomycosis
25. Pellagra
27. Tuberculosis of
28. Tuberculosis of
29. Tuberculous m
29. Abdominal tub
30. Pott's disease
31. Tuberculous al
32. White swelling
33. Tuberculosis o
34. General tuberc
35. Scrofula
36. Syphilis
37. Gonorrhea of
38. Gonorrheal inf
39. Cancer of mou
40. Cancer of stom
41. Cancer of inte
42. Cancer of geni
43. Cancer of brea
44. Cancer of skin
45. Cancer of othe
46. Tumor (noncan
47. Acute articulat
48. Chronic rheum
49. Scurvy
50. Diabetes
51. Exophthalmic
52. Addison's dise
53. Leukemia
54. Anemia, chlor
56. Alcoholism
57. Lead poisonin
58. Other professi
59. Other chronic
55. Other general

II. DISEASE

60. Encephalitis
61. Meningitis
62. Locomotor at
63. Other disease
64. Apoplexy
65. Softening of
66. Paralysis
67. General para
68. Other forms
69. Epilepsy
70. Convulsions (nonpuerperal)
71. Convulsions of children
72. Tetanus
73. Chorea
74. Other diseases of nervous system
75. Diseases of the eye and its adnexa
76. Diseases of the ear

III. DISEASES OF THE CIRCULATORY SYSTEM

77. Pericarditis
78. Endocarditis
79. Heart disease
80. Angina pectoris

132. Other diseases of female genital organs
133. Nonpuerperal diseases of the breast (cancer excepted)

VII. CHILDBIRTH.

134. Accidents of pregnancy
135. Puerperal hemorrhage
136. Other accidents of labor
137. Puerperal septicemia
138. Puerperal convulsions
139. Puerperal phlegmasia alba dolens
140. Other puerperal accidents
141. Puerperal diseases of the breast

VIII. DISEASES OF THE SKIN

143. Other ill-defined diseases
144. Unknown

This Certifies that the age given as 47 years, on death Certificate of Mrs Alberta Payne, is to the best of my knowledge & belief, incorrect & should read 49 yrs.

E. R. Ballard M.D.

Subscribed and Sworn to before me this 28th day of April 1908

Peter Sahm J.P.

C 11268

Permission is granted to remove body to 606 Lafayette Ave

JAMES BOSLEY, M. D.,
COMMISSIONER OF HEALTH.

Per

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 534 E. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Jesse Brand

{ Residence, if in Baltimore, Give Street and Number. } 534 E. Clement St.

Duration of Residence in Baltimore. Life time

C 11269

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 27 1908

AGE: ... years, ... months, 21 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Geo. Wm. Brand

BIRTHPLACE OF FATHER (State or country): Pittsburg Pa.

MAIDEN NAME OF MOTHER: Margaret E. Gregory

BIRTHPLACE OF MOTHER (State or country): Piedmont W. Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Brand

(Address) 534 E. Clement St.

Filed 4/11 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 27 1908 to April 10 1908 that I last saw h... alive on April 9 1908, and that death occurred, on the date stated above, at 9.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) abt 12 hrs. DAYS

Contributory (Primary.) Congenital Debility (Malformation of Brain) (DURATION) 21 DAYS

(Signed) Robt. P. P. Coblentz M.D.

Address 1518 Pt. Charles St.

Date April 10 1908

Place of Burial Cedar Hill Cem.

Date Apr. 11 1908

Undertaker J. J. Fahey & Son

Address 453 Hillsdale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

C1270

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Bk O R R tracks Daggett nr Reese St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Jackson

{ Residence, if in Baltimore, Give Street and Number. } 1501 Covington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 6 1873

AGE 34 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER August Jackson

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Mary C Elliott

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Fraliniger (aunt)

(Address) 1501 Covington St

Filed 4/11 1908 HARRY C. ANDREWS? PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ~~alive on~~ ..... 190 .....

and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate) Removes crushed about the body by car wheel drawn by Engine #1534 of B. O R R. Co

Accidental death (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas M Reinhardt M.D.

Address Coroner

Date April 11 1908

Place of Burial Balto. Cem

Date Apr 11 1908

Undertaker J. J. Falvey & Son

Address 1 E Fallsway St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C11271

CERTIFICATE OF DEATH. 47

(Place of Death.) No. 2414 Hudson Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Jane Taylor

{Residence, if in Baltimore, Give Street and Number.} 2414 Hudson Alley.

Duration of Residence in Baltimore. About 10 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR Colored

DATE OF BIRTH April 23rd 1862

AGE 35 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co. Md.

FULL NAME OF FATHER Isaac Johnson

BIRTHPLACE OF FATHER (State or country) Howard Co. Md.

MAIDEN NAME OF MOTHER Hannah Johnson

BIRTHPLACE OF MOTHER (State or country) Howard Co. Md.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Johnson Per M

Address 2414 Hudson al.

Filed 4/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10th 1908

I HEREBY CERTIFY, That I attended deceased from March 27th 1908 to Apr. 10th 1908

that I last saw h[illegible] alive on Apr. 9th 1908

and that death occurred, on the date stated above, at 10.35 A. M.

CAUSE OF DEATH (Secondary or Immediate) Cardiac Asthenia

(DURATION) 7 DAYS

Contributory (Primary) Acute Articular Rheumatism (DURATION) 120 DAYS

(Signed) Thatcher Miller M.D.

Address 2228 E. Monument St.

Date Apr. 10th 1908

Place of Burial West Liberty Howard Co.

Date Apr. 13th 1908

Undertaker A. Hellenger & Son

Address Ellicott City Md.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C11272

169

CERTIFICATE OF DEATH.

(Place of Death.) No. 57 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys Durkin

{Residence, if in Baltimore, Give Street and Number.} 57 E. Randall

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 27th 1906

AGE 2 years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Ike Durkin

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Blanche E. Ward

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ike Durkin

(Address) 57 E. Randall St.

Filed 4/11 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1908

I HEREBY CERTIFY, That I attended deceased from April 7 1908 to April 9th 1908 that I last saw her alive on April 9 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 Hours DAYS

Contributory (Primary) Burns & Scalds (DURATION) 2 DAYS

(Signed) A. Eichenlaub M.D.

Address 1412 Eagle St

Date April 11th 1908

Place of Burial Mt. Olivet Cem.

Date Apr. 11, 1908

Undertaker J. J. Fahey & Son

Address 1253 Hillman St

WM. J. C. DULANY CO., BALTIMORE

Accidentally pulled pail of boiling water over self a.s.o.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 2012 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia A Bryan

{Residence, if in Baltimore, Give Street and Number.} 2012 Jefferson

Duration of Residence in Baltimore. 50 years C 11273

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Mar. 21 1830
AGE	78 years, months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Mich.
FULL NAME OF FATHER	John Harris
BIRTHPLACE OF FATHER (State or country)	At Sea. Atlantic
MAIDEN NAME OF MOTHER	Elizabeth Marshall
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Susie Johnson

(Address) 190 E Oliver

Filed 4/11 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9, 1908

I HEREBY CERTIFY, That I attended deceased from April 3 1908 to April 9, 1908 that I last saw her alive on April 9, 1908, and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial & Gastro-Intestinal Catarrh

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Peter Elwell M.D.

Address 1216 Hanford Ave

Date April 10 1908

Place of Burial Butts Cemetery

Date April 12 1908

Undertaker J E J Fanning

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

92

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11274

City of Baltimore, (No. 1244 Hart St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaretha Brecheles.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: – years, 6 months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: William Brecheles.

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Sophia Zivicka.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: William Brecheles

(Address) 1244 S. Hart St.

Filed 4/11 1908 HARRY C. ANDRIST PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 10 1908

that I last saw her alive on 8 April 1908,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Catellary Bronchites

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Geo T Tellack M. D.

April 11 1908 (Address) 1105 E Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Rosary

DATE OF BURIAL: April 12 1908

UNDERTAKER: M. F. Dadowski

ADDRESS: 703 S. Conkling St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS. 1

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C11275

Registered No. B.....

City of Baltimore, (No. 315, N Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas L Ballantyne

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Dec. (Month) 9 (Day) 1902 (Year)	
AGE: 5 years, 4 months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): Baltimore Md.	
FULL NAME OF FATHER: Wm. H. Ballantyne	
BIRTHPLACE OF FATHER (State or country): Wash. D. C.	
MAIDEN NAME OF MOTHER: Mary E. Yeakle	
BIRTHPLACE OF MOTHER (State or country): Fredk., Md.	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Ballantyne.

(Address) 315 N. Mount St.

Filed 4/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 7 1908 to April 11 1908

that I last saw h.. alive on April 10 1908,

and that death occurred, on the date stated above, at 1.45 a.m. The CAUSE OF DEATH was as follows:

Scarlet fever

(DURATION) 4 DAYS

Contributory Meningitis

(DURATION) 1 DAYS

(Signed) O Meadowcroft M. D.

April 11 1908 (Address) 1102 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	April 11 1908
UNDERTAKER	ADDRESS
Henry W. Means & Son	805 W. Lanvale St

3½ P.M.

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 48 E. Hill St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minerva Frazier

{Residence, if in Baltimore, Give Street and Number.} 48 E Hill St.

C11276

Duration of Residence in Baltimore. 64 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 4. 1839

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Melville N. J.

FULL NAME OF FATHER: Evanos Randol

BIRTHPLACE OF FATHER (State or country): Melville N. J.

MAIDEN NAME OF MOTHER: Mary Ann Grider

BIRTHPLACE OF MOTHER (State or country): Washington Pa.

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J. Randol

(Address) 46 E Hill st

Filed

4/11 1908

MAY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 10 1908

I HEREBY CERTIFY, That I attended deceased from Apr 10 1908 to Apr 10 1908

that I last saw her alive on Apr 1 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate

Uremia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Edmund Smith M.D.

Address 548 Hanover St.

Date 4/11/08 1908

Place of Burial Western Cemetery

Date April 13 1908

Undertaker M. Doyle and Sons

Address 17 E. Lee St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 276 Roland Ave St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name James S. Radcliffe Payton

{ Residence, if in Baltimore, Give Street and Number. } 276 Roland Ave.

Duration of Residence in Baltimore. Life.

C 11277

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 17, 1883

AGE: 25 years, 0 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore. Md

FULL NAME OF FATHER: John W. Payton.

BIRTHPLACE OF FATHER (State or country): Washington. D.C.

MAIDEN NAME OF MOTHER: Katherine Sauters

BIRTHPLACE OF MOTHER (State or country): Port Deposit Md.

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie B. Payton

Address 276 Roland Ave

Filed 4/11 1908

Registrar HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to Apr 8 1908

that I last saw h im alive on Apr 8 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 year DAYS

Contributory (Primary) Typhoid Fever (DURATION) 30 DAYS

(Signed) L.K. Wagner M.D.

Address 765 Third ave

Date apr 8 1908

Place of Burial Druid Ridge

Date Apl 12 1908

Undertaker Harr & Thomas Hom

Address 919 3rd ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 3631 Chestnut Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Brigid Rollette

{ Residence, if in Baltimore, Give Street and Number. } 3631 Chestnut Ave

Duration of Residence in Baltimore. 15 years

C11278

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 23rd 1874

AGE: 33 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va "

FULL NAME OF FATHER: Rollette

BIRTHPLACE OF FATHER (State or country): Va "

MAIDEN NAME OF MOTHER: Louise Posey

BIRTHPLACE OF MOTHER (State or country): Va "

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Brigid Rollette

Address: 3631 Chestnut ave

Filed 4/11 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 10th 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1905 to April 10th 1908

that I last saw him alive on April 9th 1908

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt L Montenie M.D.

Address 1251 Fulton ave

Date April 10th 1908

Place of Burial St Marys Cemetery

Date April 12 1908

Undertaker Wm E Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B 011273

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 814 Jackson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Kalbfleisch

{ Residence, if in Baltimore, Give Street and Number. } 814 Jackson St.

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Conrad Kalbfleisch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 4/11 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1908

I HEREBY CERTIFY, That I attended deceased from March 13th 1908 to April 11th 1908

that I last saw h in alive on April 10th 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Robt. J. Murray M.D. M.D.

Address 510 N. Fremont St.

Date April 11th 1908

Place of Burial Western Cemetery

Date April 13 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. C11230

(Place of Death.) No. 155 N. Paterson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H. Jefferson.

{Residence, if in Baltimore, Give Street and Number.} 155 N. Paterson St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 22 1891

AGE: 16 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert Warren Jefferson Sr

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Mary Emily White

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R. H. Jefferson Sr

(Address) 155 N. Paterson st

Filed 4/11 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 10 D 1908

I HEREBY CERTIFY, That I attended deceased from Mar 10 D 1908 to April 10 D 1908

that I last saw h me alive on April 9 1908,

and that death occurred, on the date stated above, at 6.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 30 DAYS

Contributory (Primary.) Anasarca

(DURATION) 30 DAYS

(Signed) John Davis M.D.

Address 2102 Orleans St

Date April 10 D 1908

Place of Burial Loudon Garden Cemetery Baltimore Md

Date April 11 1908

Undertaker H. Allen Fuller

Address 2012 E Baltd. st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C11281

61

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aloys Steiny

{ Residence, if in Baltimore, Give Street and Number. } 611 N. Rose St.

C 11281

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: White

DATE OF BIRTH: July 20 1886

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Henry

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Pauline Sendler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Goodsmith

(Address) 611 S Rose

Filed 4/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to April 10 1908

that I last saw h in alive on April 9 1908

and that death occurred, on the date stated above, at 6.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea,

(DURATION) DAYS

Contributory (Primary) Meningitis ?

(DURATION) DAYS

(Signed) Wm. Pehnit M.D.

Address St. Joseph's Hosp

Date April 10 1908.

Place of Burial Holy Redeemer

Date April 11 190

Undertaker Kendall Diffel Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 79

Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Miller

{Residence, if in Baltimore, Give Street and Number.} 42 E York St

C 11282

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 4/11" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 10 1908 that I last saw him alive on April 10 1908, and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date April 11 1908

Place of Burial Cedar Hill Cemetery

Date April 11 1908

Undertaker M Dykeson

Address 172 Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 1269 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret F. Jory

{Residence, if in Baltimore, Give Street and Number.} 1269 Battery Ave

Duration of Residence in Baltimore. Fifty Years.

C 11283

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH Feby 22 1845

AGE 62 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Dorchester Co Md

FULL NAME OF FATHER John Warfield

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph R. Jory

(Address) 1269 Battery Ave

Filed 4/11" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9 1908

I HEREBY CERTIFY, That I attended deceased from 2/16 1908 to 4/9 1908

that I last saw her alive on 4/9 1908

and that death occurred, on the date stated above, at 10:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

One Year (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) L. Huntington M.D.

Address 109 E Fort Ave

Date 4/10 1908

Place of Burial MOUNT OLIVET.

Date APR 12 1908

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 11284 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mattie Burrell

{Residence, if in Baltimore, Give Street and Number.} 1619 Druid Hill Ave

Duration of Residence in Baltimore. all Jean

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR B

DATE OF BIRTH Unknown 1

AGE 19 years, — months, — days

SINGLE, ~~MARRIED~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Robert Burrell

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Josephine Rockley

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 Druid Hill Ave

Filed 4/12 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to April 9 1908

that I last saw her alive on April 9 1908,

and that death occurred, on the date stated above, at 2:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

("Consumption")

about 5 mo. (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) David L. Macht M.D.

Address 1511 Madison Ave

Date April 11 1908

Place of Burial Mt. Moriah Va

Date April 12th 1908

Undertaker John A. Bishop

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C11285 C11285

47

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 835 Linden Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Proctor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Proctor

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rebecca White

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Proctor

(Address) 835 Linden

Filed 4/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 28th 1908 to Apl 8th 1908 that I last saw him alive on Apl 8th 1908, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Cardiac dilatation with Valvular stenosis.

I never knew him before Apl 2 8th (DURATION) DAYS

Contributory History of rheumatism some years since (DURATION) DAYS

(Signed) Jno. J. Kay M. D.

Apl 11th 1908 (Address) 849 Park ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: April 12 1908

UNDERTAKER: R A Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

C11286

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 Stafford Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward C Kennedy

{Residence, if in Baltimore, Give Street and Number.} 120 Stafford Lane

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX Male	COLOR White	DATE OF DEATH April 10 1908
DATE OF BIRTH March 22 1866		I HEREBY CERTIFY, That I attended deceased from Mar 28 1908 to Apr 9 1908
AGE 42 years, — months, 18 days		that I last saw h in alive on Apr 9 1908,
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single	and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country)	Md	Asphyxia & Cardiac Failure
FULL NAME OF FATHER	Timothy Kennedy	
BIRTHPLACE OF FATHER (State or country)	Ireland	(DURATION) DAYS
MAIDEN NAME OF MOTHER	Honora McDonald	Contributory (Primary) Pulmonary Tuberculosis (DURATION) 5 wks DAYS
BIRTHPLACE OF MOTHER (State or country)	Ireland	(Signed) [illegible] M.D.
OCCUPATION OF DECEASED	Drover	Address 1903 E Eutaw St.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Date Apr 10/08 190
(Informant) Mrs Jennie Carroll		Place of Burial St Peters Cemetery
(Address) 120 Stafford Lane		Date April 13. 1908
Filed ..... 190 ..... Registrar		Undertaker Wm Cook.
		Address 502 E. Northave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

C11287

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1266 ~~Cambria~~ Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellenora M Childs

{Residence, if in Baltimore, Give Street and Number.} 1266 Columbia ave

Duration of Residence in Baltimore. Life

C11287

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan 3 1906

AGE: 2 years, 3 months, 4 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Walter Childs

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Isola Watts

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Childs

(Address) 1266

Filed 4/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1908

I HEREBY CERTIFY, That I attended deceased from April 5 1908 to April 10 1908

that I last saw her alive on April 10 1908,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAY

(Signed) J. E. Turner M.D.

Address 855 Columbia ave

Date April 11 1908

Place of Burial Balto Cemetery

Date April 13 1908

Undertaker Wm. Cook.

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person and the *cause and date of death.*

Ward ..... Registered No. B 011288

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 42 E. Williamson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel M. Collier

{Residence, if in Baltimore, Give Street and Number.} 42 E. Williamson St

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: March 30 1878	
AGE: 30 years, ---- months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: Charles R. Collier	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Margaret A. Earle	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: ----------	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles R. Collier (Father)

(Address) 42 E. Williamson St.

Filed Apl 12 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 11 1908

that I last saw her alive on April 10 1908

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis.

16 Days (DURATION)

Contributory (Primary.)

Asthma (DURATION) DAYS

(Signed) E. M. Harman M.D.

Address 831 Linden Ave

Date April 11 1908

Place of Burial Winchester Q.A.Cemetd.

Date April 13 1908

Undertaker Armstrong Denny Co.

Address 715 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 014289

City of Baltimore, (No. 1131 N Milton ave St.; 7 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Rebhan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femail

COLOR: White

DATE OF BIRTH: April (Month) 2 (Day) 1908 (Year)

AGE: ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frederick Rebhan

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Mary E Kinig

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frederick Rebhan

(Address) 1131 N Milton ave

Filed Apl 17 1908 Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 11th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 11th 1908 to April 11th 1908 that I last saw her alive on April 11th 1908, and that death occurred, on the date stated above, at 5.15 P. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 1 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Wm. H. Johnson M. D.

Apr. 11th 1908 (Address) 2017 E. Balto. St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 12 1908

UNDERTAKER: Wendell Diffenderffer — ADDRESS: 37 S ...

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city i shall be the duty of the Physician who attended during h... his or her last sickness, or the Coroner, when the case comes under his ... to furnish within *twenty-four hours after death*, to the ... setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ... and the cause and date of death.

Registered No. B [illegible]

CERTIFICATE OF DEATH.

177

(Place of Death.) No. Rock at Lot 4 Mill St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick W. Hughes

{ Residence, if in Baltimore, Give Street and Number. } 113 N Lombard St

C 11240

Duration of Residence in Baltimore. 1 Yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 about years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): S. C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Hanken

(Address) 216 N Carolina St

Filed April 12 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7 1905

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(Had no evidence to show whether accident, Suicide, or murder)

(Inquest held) (DURATION) DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) Benj. D. Hanken M.D.

Address 216 N. Carolina St

Date April 12 1908

Place of Burial Staunton Va

Date April 12 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt Royal Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

7

(Place of Death.) No. 221 N Mount St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Helen M Murray

{ Residence, if in Baltimore, Give Street and Number. } 221 N Mount St

Duration of Residence in Baltimore. Life

C 11291

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 20 1877

AGE 10 years, 6 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Hubert D Murray

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Julia Cahill

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Julia Murray

(Address) 221 N. Mount St

Filed Apl 12 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1908

I HEREBY CERTIFY, That I attended deceased from March 28 1908 to April 12 1908

that I last saw h[illegible] alive on " 11 1908,

and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever

(DURATION) [illegible] DAYS

Contributory (Primary.) Toxemia

(DURATION) DAYS

(Signed) H. L. Smith M.D.

Address 628 W Lexington

Date April 12 1908

Place of Burial St Peters

Date April 13 1908

Undertaker A B Cook

Address 1503 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Funeral Monday at 10 a.m.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

12

CERTIFICATE OF DEATH.

Registered No. B 011292

City of Baltimore, (No. 119 N. Poplar Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME. Louisa Bowers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1838 (Year)

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robb Brooks

(Address) 173 S. Calhoun

Filed Apl 12 1908 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apl (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apl 10 1908 to Apl 11 1908 that I last saw h[illegible] alive on Apl 10 1908, and that death occurred, on the date stated above, at 5 1/2 A. M. The CAUSE OF DEATH was as follows:

Uraemia - Chr. Bright's in Semi Comatose condition when seen at last Apl 10. 08

..... (DURATION) ..... DAYS

Contributory Valvular Lesion of Heart for several years (DURATION) ..... DAYS

(Signed) A. A. Garston M. D.

Apl 11 1908 (Address) 482 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: Apl 13th 1908

UNDERTAKER: Robb & Brooks

ADDRESS: 173 Calhoun St

Gent

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Margaretth Heffernan

{ Residence, if in Baltimore, Give Street and Number. }

C 11293

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W.
DATE OF BIRTH: 1832	
AGE: 76 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: Michael Fitzgerald	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Bridget O'Connor	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 4/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 11th 1908

I HEREBY CERTIFY, That I attended deceased from Forward 190 to 190

that I last saw her alive on April 5 1908

and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthma

Unknown (DURATION) DAYS

Contributory (Primary.)

Arteriosclerosis (DURATION) DAYS

(Signed) F. A. Wamer M.D.

Address 1133 Valley st

Date April 11 1908

Place of Burial Holy Cross Cemetery

Date April 20 1908

Undertaker Stewart Mamer Co

Address 215 Park Ave.

WM. J. C. DULANY CO., BALTIMORE

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Walbrook St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name A. R. Green

{Residence, if in Baltimore, Give Street and Number.} 1132 Walbrook St

Duration of Residence in Baltimore. Life

C 11294

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: C.

DATE OF BIRTH: Feby. 21st 1908

AGE: — years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: (illegible)

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard Green

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Fania Mitchell

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Pressman St

Filed 4/12 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 190 8

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Wm Buchanan M.D.

Address 700 Log. Av. (Comm)

Date April 11th 190 8

Place of Burial Mt Auburn

Date April 12 190 8

Undertaker JAMES H. DENNIS

Address 1332 PRESSMAN ST

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 706 Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Bromwell

{Residence, if in Baltimore, Give Street and Number.} 706 Franklin

Duration of Residence in Baltimore. 45 Years C11295

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 7 1849

AGE: 59 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Talbot Co. Md.

FULL NAME OF FATHER: Wm R. Bromwell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaretta A. Henny

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Brass Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bruce A Bromwell

(Address) 706 N Franklin

Filed 4/12 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 - 10 - 1908

I HEREBY CERTIFY, That I attended deceased from 4 - 8 - 1908 to 4 - 10 - 1908

that I last saw h~~im~~ alive on 4 - 10 1908

and that death occurred, on the date stated above, at 6 45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma Liver

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 639 Franklin St.

Date 4 - 10 - 1908

Place of Burial Mt. Olivet

Date April 12 1908

Undertaker Robt J Turner

Address 1412 N. Eutaw.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 William St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H. Adams

{Residence, if in Baltimore, Give Street and Number.} 1018 William St.

C 11296

Duration of Residence in Baltimore. about 28 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 29th 1846

AGE: 61 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Norfolk Va

FULL NAME OF FATHER: George Adams

BIRTHPLACE OF FATHER (State or country): Boston Mass

MAIDEN NAME OF MOTHER: not Known.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: General Hauling

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary B. Adams

(Address) 1018 William St

Filed

4/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 10 1908

I HEREBY CERTIFY, That I attended deceased from April 5 1908 to April 10 1908

that I last saw him alive on April 10 1908,

and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy

(DURATION) 5 DAYS

Contributory (Primary.) —

(DURATION) 5 DAYS

(Signed) W. A. Smith M.D.

Address 928 Hanover St

Date April 12 1908

Place of Burial Cedar Hill

Date April 13th 1908

Undertaker G. Hearle.

Address 115½ West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. 26

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Beale

{ Residence, if in Baltimore, Give Street and Number. } 1527 Druid Hill Ave

Duration of Residence in Baltimore. Life

C11297

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1392 Presstman St

Filed 4/12" 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12" 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to April 12 1908

that I last saw h alive on April 12 1908

and that death occurred, on the date stated above, at 9 30 A. M.

CAUSE OF DEATH (Secondary or Immediate)

~~Cerebro spinal meningitis~~

Tuberculous Meningitis

Acute Miliary tuberculosis

5 weeks (DURATION) — DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) P. S. Clough M.D.

Address Johns Hopkins Hospital

Date April 12 1908

Place of Burial Mt Auburn

Date April 13th 1908

Undertaker James H Dennis

Address 1392 Presstman St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C11298 OFFICE OF REGISTRAR OF VITAL STATISTICS. C11298

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1502 N Port St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. T. Burke

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 3 1863
(Month) (Day) (Year)

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Burke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Fallon

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Burke

(Address) 1502 Port St

Filed 4/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 10 1908 to Apr 11 1908 that I last saw h alive on Apr 10 1908, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 4 DAYS

Contributory Uraemia

(DURATION) 1 DAYS

(Signed) H. J. Powers M. D.

4/12 1908 (Address) 2371 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? ?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet	April 13 1908
UNDERTAKER	ADDRESS
C. G. Redefeld & Son	113 Fremont Ave

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 606 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Braxton

{ Residence, if in Baltimore, Give Street and Number. } 606 Pierce St

Duration of Residence in Baltimore. Thirty-four years C 11299

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm Dundy

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Davis

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Braxton

(Address) 606 Pierce st

Filed 4/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Friday Apl 10th 1908

I HEREBY CERTIFY, That I attended deceased from June 12th 1908 to Apl 10th 1908

that I last saw h[illegible] alive on Apl 9th 1908,

and that death occurred, on the date stated above, at 2.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) Natural DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) 5 days DAYS

(Signed) A. Block M.D.

Address 607 N. Chas St

Date April 11th 1908

Place of Burial Mt Auburn Cemetery

Date April 13. 1908

Undertaker R. K. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 951 Frederick ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate E. Schnepfe

{Residence, if in Baltimore, Give Street and Number.} 951 Frederick ave

Duration of Residence in Baltimore. Life time C 11300

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 2nd 1852

AGE 55 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Loerdens

(Address) 217 S. Pace

Filed 4/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1908

I HEREBY CERTIFY, That I attended deceased from March 16th 1908 to April 11th 1908 that I last saw her alive on April 10th 1908, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

no food retained in Stomach -

(DURATION) 12 DAYS

Contributory (Primary.) Cancer of intestines and Stomach 1½ yrs (DURATION) 73 DAYS

(Signed) John G. Hocley M.D.

Address 714 Frederick ave

Date April 11th 1908

Place of Burial London Park Cr

Date April 13 1908

Undertaker Jos. Loerdens, Son

Address 217 S. Pace

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

18

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Mandler

{Residence, if in Baltimore, Give Street and Number.} 1117 Carroll St.

11301

Duration of Residence in Baltimore 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 7 1858
AGE	50 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Carroll Mandler
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Witte
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Stoper Grinder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Bicking

(Address) 1117 Carroll st.

Filed 4/13 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1908

I HEREBY CERTIFY, That I attended deceased from March 28 1908 to April 11 1908

that I last saw h[illegible] alive on April 11 1908,

and that death occurred, on the date stated above, at 9.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Erysipelas of abdomen

A Scrotum —

DURATION — DAYS

Contributory (Primary) Septic

Exhaustion

DURATION — DAYS

(Signed) W. T. Eaton M.D.

Address Balto City Hosp.

Date April 11 1908

Place of Burial Philadelphia Pa

Date April 13 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his care, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2414 Mt Vernon ~~Place~~ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jesse B. Lburner.

{ Residence, if in Baltimore, Give Street and Number. } Same

Duration of Residence in Baltimore. 22 yrs.

C 11302

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Wht

DATE OF BIRTH: Lee Lenox 1869

AGE: 39 years, 4 mont's, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John F Lburner

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Boyer

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E Lburner

(Address) 614 Rowland ave

Filed 4/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h ..... alive on ..... 190 ...,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gas Asphyxiation

Suicide

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Clinton Smithsimon M.D.

Address 1818 N. Chas St Comm

Date April 10 1908

Place of Burial St Marys Hampden

Date April 13th 1908

Undertaker C A F Rhilbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1143 Carrollton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Peter Gaeckens
Gaeckens

{Residence, if in Baltimore, Give Street and Number.} 1143 Carrollton Ave.

Duration of Residence in Baltimore. Forty years C 11303

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 27th 1837
AGE	70 years, 11 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Gaeckens
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	— Gaeckens.
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara L. Gaeckens

(Address) 1143 Carrollton Av.

Filed 4/13 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

Died suddenly (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Bacon M.D.

Address 700 Lan. Av. Towson

Date April 12th 1908

Place of Burial Holy Redeemer ✓

Date 4/14 1908

Undertaker Wm J. Schilling

Address 9 S. Bolton St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph M. Gluck

{Residence, if in Baltimore, Give Street and Number.} 1405 N. Chester Street

Duration of Residence in Baltimore. Life

C 11304

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 12 1890

AGE: 18 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph M. Gluck

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary R Morris

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary R Gluck

(Address) 1405 N Chester St

Filed 4/13 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate

Uremic Convulsions

(Uremic poison)

(DURATION) 1 DAYS

Con'ributory (Primary.) Bright's Disease

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D. Coroner

Address 216 N. Caroline st.

Date April 11 1908

Place of Burial Greenmount Cem

Date April 14 1908

Undertaker John B. Spence

Address 1325 N. Caroline St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11305

City of Baltimore, (No. 1509, E Fayette St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Powell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH (Month) (Day) (Year)	Dont Know 18[illegible]
AGE	60 about years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto City.
FULL NAME OF FATHER	Nathan L. Grooms
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	House maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodora L. Grooms

(Address) 1509 E Fayette St

Filed 4/13 1908 HENRY O. ARBAUGH, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 5 April 1908 to 12 1908

that I last saw her alive on 11 1908,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

Dropsy. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Geo F Fillmore M. D.

April 12 1908 (Address) 105 E Boundary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
LL Ebus	April 13 1908
UNDERTAKER	ADDRESS
Clarence E Wright	1364 Monroe

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2232 Pennsylvania Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine M Eisenman

{ Residence, if in Baltimore, Give Street and Number. } 2232 Penna Ave

C 11306

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 31 1880

AGE: 28 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Griffith

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Dora L. Steils

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Eisenman

(Address) 2232 Penna Ave

Filed 4/13 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to April 11 1908

that I last saw her alive on April 11 1908,

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C Houck M.D.

Address 1914 Penna Ave

Date April 11th 1908

Place of Burial London Park Cemetery.

Date April 14 1908

Undertaker Wm Andrews Robb Son

Address 730 Park Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 833 N Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Smith

{ Residence, if in Baltimore, Give Street and Number. } 833 N Front St

C11307

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): — — — —

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Silver

(Address) 833 N. Front St

Filed 4/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan 190 to Jan 190

that I last saw h alive on — 190 —,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) B B Stapleton Coroner M.D.

Address 1216 N Carolina St.

Date Apr. 13 1908

Place of Burial Cathedral Cem

Date Apr 13 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 3432 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John N. Pellicord

{ Residence, if in Baltimore, Give Street and Number. } 3432 Chestnut Ave

Duration of Residence in Baltimore. 19 years C11308

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 4 1873

AGE 35 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Kinsey Pellicord

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Rebecca Hinton

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Pellicord

(Address) 3432 Chestnut Ave

Filed 4/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1908

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to April 11 1908 that I last saw him alive on April 11 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Stomach Bowels & Lungs.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A J Kelley M.D.

Address 3849 Roland Ave

Date April 12 1908

Place of Burial St Mary's

Date April 15 1908

Undertaker W S Marshall

Address 2539 Lib Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 E Church St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Albert Mc Coy 6

{ Residence, if in Baltimore, Give Street and Number. } 13. E. Church St

Duration of Residence in Baltimore. Life C11309.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: September 27 1907

AGE: ____ years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward McCoy

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Sadie Scrivner

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Scrivner (grandmother)

(Address) 13 E Church St

Filed 4/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1908

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h ____ alive on ____ 190

and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date April 11 1908

Place of Burial Mts. Auburn Cem

Date April 13, 1908

Undertaker John H. Tadsin

Address 142. W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 Peach alley ~~St~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances E Howard 6

{Residence, if in Baltimore, Give Street and Number.} 807 Peach alley C 11310

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: March 8 1908

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Howard 6

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Cora Palmer 6

BIRTHPLACE OF MOTHER (State or country): Talbot Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Cora Howard 6 (mother)

(Address 807 Peach Alley

Filed 4/13 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ignition

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date April 11 1908

Place of Burial Mt. Auburn Cem.

Date April 13, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

Registered No. B .....

C 11311

CERTIFICATE OF DEATH.

132

(Place of Death.) No. Md. Gen. Hospital " St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Palmer "

{Residence, if in Baltimore, Give Street and Number.} Cambridge Md "

Duration of Residence in Baltimore. 1 Month -

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1873

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md "

FULL NAME OF FATHER: Wm Henry Palmer

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Eurania Marshall

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: Seamstress "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record "

(Address) Cambridge Md "

Filed 4/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 12 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 6 1908 to Apr 12 1908

that I last saw h ex alive on Apr 12 1908

and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Suppuration Sal. Lingit

(DURATION) 30 DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp "

Date Apr. 12 1908

Place of Burial Cambridge MD

Date Apr. 13 1908

Undertaker Wm H. Gauthney

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11312

CERTIFICATE OF DEATH.

74

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm. A. Sibert

{Residence, if in Baltimore, Give Street and Number.} Elkins . W. Va.

Duration of Residence in Baltimore. 1 Week C11312

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 22 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER W. H. Sibert

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Rebbeca Lindamude

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. W. Marshall

(Address) Va

Filed 4/13 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11, 1908

I HEREBY CERTIFY, That I attended deceased from April 5, 1908 to April 11, 1908 that I last saw him alive on April 11, 1908, and that death occurred, on the date stated above, at 8:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Abscess of brain

(DURATION) DAYS

Contributory (Primary.) unknown

(DURATION) DAYS

(Signed) Virginius Worth, Jr. M.D.

Address Union Protestant Infy.

Date April 11, 1908

Place of Burial Mt Jackson Va

Date April 13 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11313

Registered No. B.....

City of Baltimore, (No. 103 N. Fremont av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Moses Suggarman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 12 (Month) (Day) 1908 (Year)

AGE: ____ years, ____ months, 15 hours ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 103 N Fremont av Maryland

FULL NAME OF FATHER: Louis Suggarman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Sonneborn

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Suggarman

(Address) 103 N Fremont av

Filed 4/13 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 12 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to April 12 1908

that I last saw him alive on April 12 1908,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) ____ DAYS

Contributory Premature Birth—Period of Gestation 6½ Month (DURATION) ____ DAYS

(Signed) John F Monaghan M. D.

April 13 1908 (Address) 902 Edmondson av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Balto Hebrew — DATE OF BURIAL: April 13 1908

UNDERTAKER: J Hecht & Co — ADDRESS: 1607 Madison av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1349 N. Gilmor St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gabriel F. Fox

{Residence, if in Baltimore, Give Street and Number.} 1349 N. Gilmor St

C 11314

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Aug 9th 1859	
AGE 57 years, 8 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Detroit Mich
FULL NAME OF FATHER	Thos. Fox.
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Hester Murray
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara. E. Fox

(Address) 1349 N. Gilmor St

Filed 4/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12. 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 7th 1908 to April 12 1908

that I last saw him alive on April 11 1908

and that death occurred, on the date stated above, at 6.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Primary - Nephritis Chronic

(DURATION) — DAYS

Contributory (Secondary / Primary.) Uraemia

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date Baltimore Apr. 12. 1908

Place of Burial New Cathedral

Date April 14th 1908

Undertaker G. F. Walker

Address 223 W. Saratoga

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

#8

(Place of Death.) No. 1408. Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen P. Starr

{ Residence, if in Baltimore, Give Street and Number. } 1408. Eutaw Place

C 11315

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH unknown 1

AGE about 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Robt. G. Starr

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Caroline Loyd

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. F. Walker

(Address) 723 Mt. Ave

Filed 4/13 1908

BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1908

I HEREBY CERTIFY, That I attended deceased from April 1st 1908 to Apl 11 1908

that I last saw her alive on Apl 11 1908

and that death occurred, on the date stated above, at 3.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia (Uraemic Coma) 2 days

Acute Infected Erysipelas 10 days

(DURATION) DAYS

Contributory (Primary.) Chr. Articular Rheumatism many years (DURATION) DAYS

(Signed) Robt. W. Mifflin M.D.

Address 1016 Madison Av

Date Apl 11 1908

Place of Burial Green Mount

Date apr 13th 1908

Undertaker G. F. Walker

Address 723 Mt. Ave

WM. J. C. DULANY CO., BALTIMORE.

to mifflin

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Body found floating ft of Allen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Shaw

{Residence, if in Baltimore, Give Street and Number.} 226 N. Paca St

Duration of Residence in Baltimore. Life C11316

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 26 1880

AGE: 27 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John G. Shaw

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Williams

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Iron worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Shaw (mother)

(Address) 1163 Hanover St

Filed 4/13 1905 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Missing since March 5. 1905 Body found April 11 1905

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw ~~him~~ alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Drowning (accidental)

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Chas M Reinhardt M.D.

Address Coroner

Date April 13 1905

Place of Burial Loudon Park

Date Apr 13 1905

Undertaker Jno B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C11517

City of Baltimore, (No. 406 Grand Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Hare

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 6th (Day) 1855 (Year)

AGE: 52 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: David Hare

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Martha Ann Lyons

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archibald C. Burch

(Address) 406 Grand ave.

Filed 4/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to April 11 1908 that I last saw h.im alive on April 12 1908, and that death occurred, on the date stated above, at 12 15 A.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) James D. McCarran M. D.

April 12 1908 (Address) 416 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Brooklyn Md

DATE OF BURIAL: April 13 1908

UNDERTAKER: Balto Co

ADDRESS: 2343 Green Mt Ave

---

s from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

CTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1837 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James McDermott

{Residence, if in Baltimore, Give Street and Number.} 1837 Light St.

Duration of Residence in Baltimore. 25 yrs

C11318

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan. 6 1844
AGE	64 years, 3 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Thomas McDermott
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Ann McGiff
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Feeley

(Address) 1827 Light St.

Filed 4/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10th 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 15 1908 to Apr. 10 1908

that I last saw h[illegible] alive on Apr. 9 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of Heart

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1228 E. Chase

Date Apr 13 1908

Place of Burial St. Peters Cem.

Date Apr. 14, 1908

Undertaker J. J. Faber & Son

Address 32 E. William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Insane Dept Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rose Gibbs

{ Residence, if in Baltimore, Give Street and Number. } Baltimore.

C 11319

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH .....

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday.

(Address) BAY VIEW ASYLUM.

Filed 4/13 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1908

I HEREBY CERTIFY, That I attended deceased from Jany 22 1908 to April 8 1908

that I last saw her alive on April 8 1908

and that death occurred, on the date stated above, at 5-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

more than 3 months

8 months (DURATION) DAYS

Contributory (Primary) Pul. Senile's

(DURATION) DAYS

(Signed) T. H. Phillips M.D.

Address Bayview Asylum

Date April 9th 1908

Place of Burial COLLEGE OF P[illegible]S

Date April 10th 1908

Undertaker Geo Thompson

Address 1805 Hope St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Insane Dept, Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Mack

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

C 11320

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ....

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ....

(Address) Bay View Asylum

Filed 4/13 1908

Lamar Hollyday, Supt
HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1907 to Apl 10 1908 that I last saw her alive on April 10 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate) Pneumonia (Lobar)

(DURATION) 14 DAYS

Contributory (Primary.) Respiratory paralysis (DURATION) 1 DAYS

(Signed) Thos. H. Phillips M.D.

Address Bayview Asylum

Date April 11. 1908

Place of Burial COLLEGE OF P. & S

APR 13 1908

Date ... 190...

Undertaker Geo Thompson

Address 1805 Hope St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Schroeder

{ Residence, if in Baltimore, Give Street and Number. } Nursery & Childs Hosp. C11321

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 12 1908

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) Nursery & Childs Hosp

Filed 4/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to April 10 1908 that I last saw h alive on April 10 1908, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 839 N Eutaw St

Date April 11th 1908

Place of Burial COLLEGE OF P. & S.

Date APR 13 1908 190

Commissioner Health.

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

56

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Newton

{Residence, if in Baltimore, Give Street and Number.} 100 E Fayette St

C 11322

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: about 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Not Known

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. D. Hayden

(Address) 1216 N Carolina St

Filed 4/13 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9th 1908

I HEREBY CERTIFY, That I attended deceased from Coroner 190 to Case 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pelvic Tumor and Bright's Disease

(DURATION) DAYS

Contributory (Primary) Asthenia

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N Carolina St

Date April 9 1908

Place of Burial COLLEGE OF P. & S

Date APR 13 1908 190

Commissioner Health.

Undertaker Wm. E. WOODALL

Address

74

Morgue

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 520 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F Smith

{Residence, if in Baltimore, Give Street and Number.} 520 Orchard St

C 11323

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: April 5th 1908	
AGE: — years, — months, 7 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: John Smith	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Mary Garrison	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Garrison

(Address) 520 Orchard St

Filed 4/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

from birth (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address Two Log. av. Comptn

Date April 12th 1908

COLLEGE OF P. & S. APR 13 1908

Place of Burial

Date 190..

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

7

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Andrew King

{ *Residence, if in Baltimore,* / *Give Street and Number.* }

C11324

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: Aug: 16th 1830

AGE: 77 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John King

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Annie Dalton

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 4/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 11th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him alive on April 7 1908,

and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of the heart

Continuous (DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) J. A. Warner M.D.

Address 1133 Valley St

Date April 12 1908

Place of Burial ~~Bonnie Brae~~ Cathedral Cem

Date April 14th 1908

Undertaker Wm. J. Schaeffer & Son

Address # S. Front Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1251. Cumall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Cook

{ Residence, if in Baltimore, Give Street and Number. } 1251. Cumall St

Duration of Residence in Baltimore. Life

C 11325

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Apr. 12 1908	
AGE: — years, — months, 15 hours	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. md.
FULL NAME OF FATHER	Sam. F. Cook
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Barb. Pfister
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. F. Cook

(Address) 1251 Carrall st.

Filed 4/13 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1908

I HEREBY CERTIFY, That I attended deceased from Apr 10 Coroner 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Mrs Cook gave birth to twins one is living She was attended by Mrs Julia Pflaum 207 N Grace st both the Baby & Mother were doing well when last seen

Contributory Primary DURATION DAYS

DURATION DAYS

(Signed) J. Bruce Jones M.D. Coroner Bpt

Address

Date April 13 41 1908

Place of Burial Mt. Holy Redeemer

Date April 13 1908

Undertaker R. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr. Charles Benner.

{ Residence, if in Baltimore, Give Street and Number. } 633 S. Paca St. city

Duration of Residence in Baltimore. Six Weeks. C 11 326

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH July 30th 1869

AGE 38 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harrisburg Pa.

FULL NAME OF FATHER Samuel Benner.

BIRTHPLACE OF FATHER (State or country) Sharpsburg Washington Co. Md.

MAIDEN NAME OF MOTHER Annie Wilhelm

BIRTHPLACE OF MOTHER (State or country) Sharpsburg Washington Co. Md.

OCCUPATION OF DECEASED Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas. Benner.

(Address) 633 S. Paca St.

Filed 4/14 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13. 1908.

I HEREBY CERTIFY, That I attended deceased from April 10 1908 to April 13 1908

that I last saw h~~im~~ alive on " " 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary oedema causing respiratory failure.

(DURATION) 4 DAYS

Con'tributory (Primary) Aneurism of arch aorta

(DURATION) - DAYS

(Signed) A. F. Chambers. M.D.

Address 614 S. Paca.

Date April 13 1908.

Place of Burial Sharpsburg Washington Co. Md.

Date April 15th 1908

Undertaker H. Kurz Long & Sewell

Address 811 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 641 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Harrington

{Residence, if in Baltimore, Give Street and Number.} 641 Columbia Ave

C11327

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't Know. 1

AGE 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine C. Cadell

(Address) 641 Columbia Ave

Filed 7/14 1908 HARRY C. ANDREWS PARKIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1908

I HEREBY CERTIFY, That I attended deceased from April 13, 1908 to April 13, 1908 that I last saw h~~im~~ alive on April 13, 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) J. B. Lumpkin M.D.

Address 653 Columbia Ave

Date April 13, 1908

Place of Burial Baltimore Cemetery

Date April 15th 1908

Undertaker Parks & Sons Undertaking Co.

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 415 Courtland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Deane

{ Residence, if in Baltimore, Give Street and Number. } 415. Courtland St

C 11328

Duration of Residence in Baltimore. Att 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: George Deane

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Nancy Murray

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Deane

(Address) 415 Courtland St

Filed 4/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday April 12th 1908

I HEREBY CERTIFY, That I attended deceased from Apl 12th 1908 to Apl 12th 1908

that I last saw h~~im~~ alive on Apl 12th 1908,

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Att 4 hours (DURATION) DAYS

Contributory (Primary.) Bright Kidney (DURATION) DAYS

(Signed) R. T. Eccliatt M.D.

Address 607 N Charles St

Date Apl 12th 1908

Place of Burial Laurel

Date April 14 1908

Undertaker R. T. Eccliatt

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person easel, and the ***cause and date of death.***

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Jenkins

{ *Residence, if in Baltimore,* / *Give Street and Number.* } 256 S Dallas St C1329

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: W.

DATE OF BIRTH: 1

AGE: 23. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm Lambell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Fannie Jenkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hollyday, Supt

(Address) BAY VIEW ASYLUM.

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April. 10th 1908

I HEREBY CERTIFY, That I attended deceased from March. 14 1908 to April 10 1908 that I last saw h~~im~~ alive on April 10 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

E. Laurton

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Bay View M.D.

Address Bay View

Date April. 11 1908

Place of Burial Asbury Cemetery

Date April 14 1908

Undertaker R. St. Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 011330

City of Baltimore, (No. 609, N. Central Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ferdinand Pyles

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: B

DATE OF BIRTH: Dec (Month) 29 (Day) 1908 (Year)

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Woodson Brown

BIRTHPLACE OF FATHER (State or country): Washington City

MAIDEN NAME OF MOTHER: Pearl Tyler

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pearl Tyler

(Address) 609 N Central Ave

Filed 4/14 1908

HENRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 29 1908 to April 11 1908

that I last saw him alive on April 11 1908,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Malnutrition

6 wks (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) R. A. Urquhart M. D.

4/13/ 1908 (Address) J. H. Weppner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: April 14 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C41334

City of Baltimore, (No. 518 N. Fremont St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mattie A. Hartzell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 2th (Month) (Day) 1849 (Year)

AGE: 59 years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: William Dennes

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Maria Hildenburg

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Hartzell

(Address) 518 N. Fremont ave.

Filed 4/14 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1907 to 4-11 1908

that I last saw h— alive on 4-11 1908,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Arteria Sclerosis
Cardiac Hypertrophy
Chronic nephritis (DURATION) 2 years

Contributory Uraemia (DURATION) 6 DAYS

(Signed) H. L. Barratt M. D.

4/13 1908 (Address) 1631 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: April 14 1908

UNDERTAKER: Geo. Bintz — ADDRESS: 594 7th Biddle St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonio Krintske

{ Residence, if in Baltimore, Give Street and Number. } Bay View

C11332

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 7 1908 to April 11 1908 that I last saw h~~im~~ alive on April 11 1908, and that death occurred, on the date stated above, at 10:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pyemia

(DURATION) DAYS

Contributory (Primary.) Empyema

(DURATION) DAYS

(Signed) Robt. F. Bay M.D.

Address Bay View

Date April. 13 1908

Place of Burial April 14 08

Date Sacred Heart Cemetery ~~1908~~

Undertaker Chas. F. Evans

Address 1820 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 E. Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Helen Long.

{ Residence, if in Baltimore, Give Street and Number. } 430 E Parrish St

Duration of Residence in Baltimore. Lifetime

C 11333

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 10th 1900

AGE 7 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William Long.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lillie Boehny.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Eglehart M.D.

(Address) 539 N Carrollton Ave

Filed 4/14 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1908

I HEREBY CERTIFY, That I attended deceased from April 4th 1908 to April 12th 1908

that I last saw her alive on April 12 1908,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 2 DAYS

Contributory (Primary.) Scarlet Fever.

(DURATION) 7 DAYS

(Signed) Howard Eglehart M.D.

Address 539 N. Carrollton Ave

Date April 13th 1908

Place of Burial Western Cem.

Date April 14 1908

Undertaker Ph. J. Dillon

Address 746 Columbia ave.

10 A. M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 310 W Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antone Pasquale ~~Baby~~ Restivo

{Residence, if in Baltimore, Give Street and Number.} 310 W Biddle

Duration of Residence in Baltimore. 2 mos

C11334

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 13th 1908

AGE: ... years, ... months, 2 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph. Restivo

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Jennie Liberta

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph. Restivo

(Address) 310 N. Biddle St.

Filed 4/14 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 13th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 13 1908 to Apr 13 1908

that I last saw h[im] alive on " " 1908,

and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure.

(DURATION) 2 hrs. DAYS

Contributory (Primary) Premature Birth (6½ moo) (DURATION) DAYS

(Signed) M. Weinberg M.D.

Address 1421 W Fayette St.

Date Apr 13 1908

Place of Burial St. Vincents

Date April 14th 1908

Undertaker Wm H. Higdon

Address 851 Linwood ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name**, sex, **age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 624 University Apts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Wallmann

{ Residence, if in Baltimore, Give Street and Number. } 624 Worthington St

Duration of Residence in Baltimore. Life

C 11335

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Aug 31 1878

AGE 36 years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Wd

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Christian Anderson

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Benedicta Linck

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas G. Wallmann

(Address) 624 N. Washington

Filed 4/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from Apr 10 1908 to Apr 13 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate.) Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Harlow M.D.

Address Orpes

Date April 13 1908

Place of Burial Loudon Park

Date April 15, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 C1336 Registered No. B C1336

CERTIFICATE OF DEATH. 164

(Place of Death.) No. Mallory Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos L Seth

{Residence, if in Baltimore, Give Street and Number.} Windsor - Walbrook.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: May 26 = 1886.

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos. A Seth

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine E Lazear

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alex L. Seth.

(Address) Windsor Walbrook Rd

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from Apr 10 to Apr 10 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull

Head accidental but I a

Pneumonia (DURATION) DAYS

Con'ributory (Primary.) accident

(DURATION) DAYS

(Signed) Patrick F Manton M.D.

Address

Date 190

Place of Burial Loudon Park Cemetery.

Date April 15 = 190 8

Undertaker E. W. Mitchell

Address 1201 N. Fayette St =

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B C11337

City of Baltimore, (No. 512 East St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Donohue

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 51 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Daniel Kiely

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Johanna Morgan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Gorman

(Address) 451 E Lexington ave

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to April 11 1908

that I last saw her alive on April 11 1908,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Carcinoma of Liver & Stomach

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) James M Renwick M. D.

April 12 1908 (Address) 708 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL Holy Cross | DATE OF BURIAL April 15 1908

UNDERTAKER John J Cowan | ADDRESS 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Ward 0

Registered No. C11338

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1715 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Petersaw.

{Residence, if in Baltimore, Give Street and Number.} 1715 E Preston St

Duration of Residence in Baltimore. 24 years

C11338

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... 1.....

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Petersaw

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mrs. Kempf.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaretha Petersaw

(Address) 1715 E. Preston St.

Filed 4/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 10th 1908 to April 13th 1908

that I last saw him alive on April 12th 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 62 DAYS

Contributory (Primary.)

(DURATION) D

(Signed) C. Stoner

Address 1501 Eager

Date April 13th 1908

Place of Burial Holy Redeemer Cemetery

Date April 15 1908

Undertaker Henry Hoeck Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 (11339) Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1726 N. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Wolf

{Residence, if in Baltimore, Give Street and Number.} 1726 N. Port St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug. 3rd 1874

AGE: 33 years, 8 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Andrew Wolf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Karl

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Jos Pawnska

(Address) 1726 N. Port St.

Filed 4/14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to April 13 1908 that I last saw h[illegible] alive on April 11 1908, and that death occurred, on the date stated above, at 12:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

about 4 months (DURATION) DAYS

Contributory (Primary.) Exhaustion

one week (DURATION) DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date April 13. 1908

Place of Burial Holy Redeemer Cemetery

Date April 15 1908

Undertaker Henry Hock & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11340 Registered No. B C11340

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1045 N Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gregor Heisert

{ Residence, if in Baltimore, Give Street and Number. } 1045 N Central Ave.

Duration of Residence in Baltimore. 25 years 7 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 16 1881

AGE: 26 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Heisert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Sues

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Book keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Margaret Heisert

(Address) 1045 N. Central Ave.

Filed 4/14 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13. 1908

I HEREBY CERTIFY, That I attended deceased from 1901 to April 13. 1908 that I last saw h[illegible] alive on " 12 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

3 or 4 (DURATION) 4 days

Contributory (Primary.)

(DURATION) 3 days

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Carlin St.

Date April 13. 1908

Place of Burial Holy Redeemer Cemetery

Date April 15 1908

Undertaker Henry Hoede Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11341 Registered No. B C11341

94

CERTIFICATE OF DEATH.

(Place of Death.) No. Collins Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William Blomeier

{ Residence, if in Baltimore, Give Street and Number. } Collins Ave

Duration of Residence in Baltimore. 1 1/2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 5 1865

AGE: 42 years, 11 months, 7 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Christian Blomeier

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva Giest

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Black Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mena Blomeier

(Address) 315 Collins Ave Irvington

Filed 4/14 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 13 1908 that I last saw him alive on April 12 1908, and that death occurred, on the date stated above, at 6.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Cardiac Dilatation

(DURATION) 12 hours

Contributory (Primary)

Pneumothorax (DURATION) 10 DAYS

(Signed) Howard W Jones M.D.

Address Irvington Md

Date April 13 1908

Place of Burial Lutheran Cemetery Catonsville Md

Date Apr 16 1908

Undertaker Charles H Ruster

Address Catonsville Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C11342 Registered No. B C11342

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1136 Whetcoat St (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary E. Barber.

{Residence, if in Baltimore, Give Street and Number.} 1136 Whetcoat St

Duration of Residence in Baltimore Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 1 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Baby

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Barber

(Address) 1136 Whatcoat St

Filed 4/14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from April 2 1908 to April 13 1908

that I last saw her alive on April 9 1908

and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus,

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C. Houck M.D.

Address 1417 Eastern Ave

Date April 13 1908

Place of Burial St Peter Cemetery

Date April 14 1908

Undertaker Felix B. Pye

Address 162 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C11343

167

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Basick

{ Residence, if in Baltimore, Give Street and Number. } 434 S Streeter

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov 12th 1906
AGE	1 year, 6 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	George Basick
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Kathrian Basick
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Field

(Address) 1200 W. Lombard st

Filed 4/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from Apr 10 1908 to Apr 13 1908

that I last saw h alive on Apr 13 1908 at 3:30

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions accidentally fell while playing

(DURATION) 3 DAYS

Contributory (Primary) Stone - 11 40 of all 2 P-m

(DURATION) DAYS

(Signed) Henry C Jones M.D.

Address Corner Fulton & Lombard

Date 1908

Place of Burial St Peters

Date April 15th 1908

Undertaker John J Field

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C11344 Registered No. B C11344

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 2514 Penna ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert A Scharf

{ Residence, if in Baltimore, Give Street and Number. } 2514 Penna ave

Duration of Residence in Baltimore. Sixty One Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 17 1846

AGE: 62 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Scharf

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: A. M. Blake.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A M Scharf

(Address) 2514 Penna Ave

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from April 11 1908 to April 13 1908 that I last saw him alive on April 13 1908, and that death occurred, on the date stated above, at 2.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Stomach

(DURATION) 6 hours

Contributory (Primary.) A severe fall produced by mind blowing heavy gate against him (DURATION) 3 DAYS

(Signed) J. T. Linthicum M.D.

Address 1327 N Fayette St

Date April 14 1908

Place of Burial Loudon Park

Date April 15 1908

Undertaker Josiah Setter

Address 1600 N Howard Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11345

Ward 5 C11345 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys Bean,

{Residence, if in Baltimore, Give Street and Number.} 1652 Bruce St.,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1907

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md "

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Baby "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. G. Walters M. D.

(Address) Madeira ave "

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 10, 1908

I HEREBY CERTIFY, That I attended deceased from March 7 1908 to Apr 10 1908

that I last saw h alive on Apr 10 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Diphtheria

(DURATION) 3 Weeks

(Signed) N. W. Brune M.D.

Address Md. Gen. Hosp.

Date Apr. 13, 1908

Place of Burial COLLEGE OF P. & S.

Date APR 13 1908

Undertaker Commissioner Health.

Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11346 Registered No. B C11346

28

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William A. Martin

{ Residence, if in Baltimore, Give Street and Number. } 425 Druid Hill Ave

Duration of Residence in Baltimore. Two years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Martin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Patsy Chapman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Martin

(Address) 425 Druid Hill Ave

Filed 4/14 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis, (General Tuberculosis)

Unknown (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Geo Baeder M.D.

Address 700 Eaf. Ave. (Canton)

Date April 14th 1908

Place of Burial Mt Auburn Cemetery

Date April 14 1908

Undertaker Felix B. Bye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 , C11347 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Blake

{Residence, if in Baltimore, Give Street and Number.} 1723 West Lafayette Ave.

Duration of Residence in Baltimore. 59 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White.

DATE OF BIRTH Sept 27th 1848

AGE 59 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Blake

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Woods

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Blake

(Address) 1723 W Lafayette

Filed Apl 14 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 13. 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1908 to Apr 13 1908 that I last saw h[illegible] alive on Apr 13 1908, and that death occurred, on the date stated above, at 12 55 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 10 hours DAYS

Contributory (Primary.) Organic, Heart. Interstitial

(DURATION) [illegible] DAYS

(Signed) Geo. R. Jones M.D.

Address 1122 N. Mound St.

Date Apr. 13 1908

Place of Burial Loudon Park

Date April 15th 1908

Undertaker Reitemeyer & Lore

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C11348 Registered No. B C11348

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 Watson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Belle

{Residence, if in Baltimore, Give Street and Number.} 15 Watson St

Duration of Residence in Baltimore. 35 yrs C11348

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. C

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Bell

Address 43 Watson St

Filed 4/14 1908

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

bardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320½ Greene St.

Date 190

Place of Burial Asbury Cem

Date April 14 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C11349 Registered No. B C11349

CERTIFICATE OF DEATH.

7

(Place of Death.) No. 1029 E Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosalind Weeschnitzer

{Residence, if in Baltimore, Give Street and Number.} 1029 E Hoffman St

Duration of Residence in Baltimore. 4 years C11349

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Dec 6 1901

AGE 6 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas Weeschnitzer

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Hechtman Mueller

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Weeschnitzer

(Address) 1029 E Hoffman

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1908

I HEREBY CERTIFY, That I attended deceased from April 3rd 1908 to April 14 1908

that I last saw h[illegible] alive on April 13th 1908,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Peritonitis - Comm Convulsions

(DURATION) 5 DAYS

Contributory (Primary.) Scarlet fever, Diphtheria

(DURATION) 11 DAYS

(Signed) Chas B. Fuglen M.D.

Address 730 N Broadway

Date April 14th 1908

Place of Burial Dept Lawn

Date Apl 14 1908

Undertaker Robt J Weaver

Address 1422 N. Gilmor.

3 1/2 P.M.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C11550 Registered No. B C11550

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1416 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Priscilla Miles.

{Residence, if in Baltimore, Give Street and Number.} 1416 Ward st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH Feb 12th 1907

AGE 1 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Addison Miles.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Janie Effert.

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Janie Miles

(Address) 1416 Ward St.

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 28th 1908 to April 11 1908

that I last saw her alive on April 11 1908,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, (DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Lusk M.D.

Address 1313 W. Fayette St.

Date April 12th 1908

Place of Burial Mt Zion Cemetery

Date April 14 1908

Undertaker Wm H Hooper

Address 609 Little Pacas

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 223 Pig alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Hoy R. Griffin

{Residence, if in Baltimore, Give Street and Number.} 223 Pig alley

Duration of Residence in Baltimore. Life time

C 11351

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 19th July 1905

AGE 2 years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John W. Griffin

BIRTHPLACE OF FATHER (State or country) A A Co Md

MAIDEN NAME OF MOTHER Lucy Moore.

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Griffin

(Address) 223 Pig alley

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 11th 1908.

I HEREBY CERTIFY, That I attended deceased from April 10th 1908. to April 11th 1908. that I last saw him alive on April 10th 1908., and that death occurred, on the date stated above, at 1.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis (DURATION) 2 DAYS

Contributory (Primary.)

Catarrhal Fever (DURATION) 10 DAYS

(Signed) Edward Ed Mackenzie M.D.

Address 1305 N. North Ave.

Date April 13th 1908.

Place of Burial Int Auburn Cemtery

Date April 14 1908

Undertaker Geo H Hooper

Address 609 Little Sharp St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11352 Registered No. B C11352

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1713 Vine St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elnora Johnson

{Residence, if in Baltimore, Give Street and Number.} 1713 Vine St.

Duration of Residence in Baltimore. All life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fee | COLOR Colored

DATE OF BIRTH 1

AGE 16 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Richard Johnson

BIRTHPLACE OF FATHER (State or country) V a

MAIDEN NAME OF MOTHER Cathren Robinson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cathren Robinson

(Address) 1713 Vine St

Filed 4/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from March 31 1908 to April 13 1908

that I last saw h er alive on April 11 1908

and that death occurred, on the date stated above, at 12:55 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 6 WKS. DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St.

Date April 13, 1908.

Place of Burial Mt Auburn Cemetery

Date April 15 1908

Undertaker Geo H Hooper

Address 609 Little Pacas St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11353 Registered No. B C1135

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 721 Cumberland St. St. (If Death occ... Hospital or Institu... give its Name ... of Street and N...

C 11353 Full Name Ida. Rebecca. Leaver.

{Residence, if in Baltimore, Give Street and Number.} 721 Cumberland St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH April 23 1858

AGE 50. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER Robt. H. Roe.

BIRTHPLACE OF FATHER (State or country) Eastern Shore

MAIDEN NAME OF MOTHER Henriett Dubree.

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie C. Leaver.

(Address) 721 Cumberland St

Filed 4/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 190...

I HEREBY CERTIFY, That I attended deceased ... April 12th 1908 to April 13 190...

that I last saw h... alive on April 12 190...

and that death occurred, on the date stated above, at 3 ... A.M. CAUSE OF DEATH (Secondary or Immediate ...

Paralysis

(DURATION) 7 hours ...

Contributory (Primary.)

Apoplexy. (DURATION) ...

(Signed) Alex. T. Vonhoy...

Address 1656 N. Gilmor

Date April 13 190...

Place of Burial Greenmount C...

Date April 15 190...

Undertaker Wm Cook.

Address 502 E. North ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

103

CERTIFICATE OF DEATH.

Registered No. B C11354

City of Baltimore, (No. 2040 E Balto St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis J Dittrich

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 6th (Day) 1827 (Year)

AGE: 80 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Dittrich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Voss

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hatter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C. Warnken

(Address) 9 N Collington Ave

Filed 4/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 6th 1908 to April 13 1908 that I last saw him alive on Apr 13 1908, and that death occurred, on the date stated above, at 1.30 p.m. The CAUSE OF DEATH was as follows:

Old age with complications: Gastric ulcer

Hemetemesis (DURATION) 7 DAYS

Contributory Paralysis of respiratory nerves (DURATION) 5 DAYS

(Signed) W. C. Burns M. D.

Apr 13 1908 (Address) 2040 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: April 16 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C11353 Registered No. B C11353

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1514 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 1514 Riverside Av

Duration of Residence in Baltimore. 6 4 years C11355

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Walker

(Address) 1514 Riverside Av

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to Apr 13 1908

that I last saw him alive on Apr 12 1908,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J. F. Graham M.D.

Address 1343 Lydia St

Date April 13. 1908

Place of Burial Western Cem

Date Apr 16 08

Undertaker Wm Cook

Address 5026 Harford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C11356 Registered No. B C11356

CERTIFICATE OF DEATH. 6r

(Place of Death.) No. 709 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lewis C. Heath.

{Residence, if in Baltimore, Give Street and Number.} 709 E Eager St

Duration of Residence in Baltimore. 45 years C11356

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Henry Heath

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Ann Coggins

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Oyster Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Heath

(Address) 709 E. Eager

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1905 to April 12 1908 that I last saw him alive on April 12 1908, and that death occurred, on the date stated above, at 9.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Locomotor Ataxia

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) John Roth M.D.

Address 907 Eastern Ave

Date April 13 1908

Place of Burial Baltimore Cem

Date April 15/08 190

Undertaker Wm Cook

Address 502 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C11357

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 521 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Gowran (Gowran)

{ Residence, if in Baltimore, Give Street and Number. } 521 Battery ave

Duration of Residence in Baltimore. Forty Years C11357

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — 1

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Michael Gowran

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Lab-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Jno Gowan

(Address) 521 Battery S

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from 4.5 1908 to 4.13 1908 that I last saw h alive on 4.13 1908, and that death occurred, on the date stated above, at 9.44 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) 8 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. Turlington M.D.

Address 502 E Hortt

Date April 13 1908

Place of Burial Rev. Cathedral

Date April 15. 1908

Undertaker Wm. Cook.

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C11358

CERTIFICATE OF DEATH. 27

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daisy Young

{ Residence, if in Baltimore, Give Street and Number. } 18. E Church St

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: April 13 1908

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Thos Young

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Randolph K Young

(Address) 18 E Church St

Filed

4/14 1908

Registrar HARRY C. ANDREWS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 13 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to April 13 1908 that I last saw her alive on Apl 11 1908, and that death occurred, on the date stated above, at 7.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) ..... DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) Geo A Straus M.D.

Address 420 Hanover St

Date April 15 1908

Place of Burial Mt. Auburn Cem

Date April 14, 1908

Undertaker John H. Toadvin

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 Walnut Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Mann

{Residence, if in Baltimore, Give Street and Number.} 918 Walnut Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1899

AGE: 9 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Mann

BIRTHPLACE OF FATHER (State or country): Penn

MAIDEN NAME OF MOTHER: Mary Mann

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bradley

(Address) 1107 Druid

Filed 4/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

Poor Nourishment

of Kidneys

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Wm. Baldwin M.D.

Address Two Log. Av. (Govans)

Date Apl. 14th 1908

Place of Burial Cathedral Cemetery

Date April 15 1908

Undertaker J. A. Bradley

Address 1107 Druid ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 805 S. Hare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Birmingham

{Residence, if in Baltimore, Give Street and Number.} 805 S. Hare st.

Duration of Residence in Baltimore. 40 yrs

C11360

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Oct 4 1842

AGE: 65 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Birmingham

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Lightner

(Address) 805 S Hare St

Filed 4/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: april 13 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to April 13 1908 that I last saw h im alive on April 10 1908 and that death occurred, on the date stated above, at 11:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) 6 mos DAYS

Con'ributory (Primary) Uremia (DURATION) 3 week DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Caulton st.

Date April 13 1908

Place of Burial St Patricks Cemetery

Date April 15 1908

Undertaker Edw. I. Fanning. FUNERAL DIRECTOR

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C11361 Registered No. B

172

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Lancaster & Morgue St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } Unknown

C11361

Duration of Residence in Baltimore. —

Found Apr 9 1908

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Col
DATE OF BIRTH	1
AGE 40 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/14 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 S Gaeine St.

Date 190

Place of Burial PUBLIC CEMETERY

Date APR 14 1908 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE

Morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

7

Registered No. B .....

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 716 N. Eutaw St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis J. O'Neill

{Residence, if in Baltimore, Give Street and Number.} 716 N. Eutaw St

C 11362

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr. 3 — 1903

AGE: 5 years, ... months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Louis O'Neill.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary L. Williams

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lisbon, Mrs Emma.

(Address) 716 N Eutaw St

Filed 4/14 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 14 1908

I HEREBY CERTIFY, That I attended deceased from March 14 1908 to Apr. 14 1908

that I last saw him alive on March 11 1908,

and that death occurred, on the date stated above, at 7 A M

M. CAUSE OF DEATH (Secondary or Immediate)

Heart paralysis.

(DURATION) ..... DAYS

Contributory (Primary.) Gastritis

(DURATION) ..... DAYS

(Signed) H. L. Wellschin, M.D.

Address 719 N. Eutaw St

Date Apr. 14 1908

Place of Burial New Cathedral Cem

Date April 16 1908

Undertaker Chas. E. Franck

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C11363 Registered No. B C11363

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Stockholme and Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence W. Snowden

{Residence, if in Baltimore, Give Street and Number.} 2048 Linden Ave.

Duration of Residence in Baltimore. Life-time. C11363

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 22 1880

AGE 27 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Dr. Henry Snowden

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary V. Birkey

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Electrical Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. De R. Sappington

(Address) 2034 Linden Ave.

Filed 4/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from April 10 1908 that I last saw h alive on 1908, and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

accidentally Electrocution by Coming in Contact with live wire in power House Wires

Contributory (Primary) (DURATION) DAYS

(DURATION) DAYS

(Signed) Jno Jones M.D.

Address Glenburnie

Date April 14 1908

Place of Burial Loudon Park Cemetery

Date April 15 1908

Undertaker Henry W. Mears Jr

Address 7 West Madison Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 500 Inner alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Laura E. Jenkins

{Residence, if in Baltimore, Give Street and Number.} 500 Inner alley

C 11364

Duration of Residence in Baltimore. Two yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: 15th Sept. 1880

AGE: 27 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary E. Pierce

(Address) 5-or Inner alley

Filed 4/15 " 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 13th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Six mos. (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Felix Baldwin M.D.

Address Two Log. Ave. (Corner)

Date April 14th 1908

Place of Burial Benningo Sta. Washington D.C.

Date April 15 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Lamont Av, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Sponsel,

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 50 years, C 11365

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 17 1830

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Krusius

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George G. Sponsel

(Address) 162 E. Oliver St

Filed 4/15 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH. April 13th 1908

I HEREBY CERTIFY, That I attended deceased from April 10th 1908 to April 13th 1908

that I last saw her alive on April 13th 1908,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

7 (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1801 E Eager St

Date April 15th 1908

Place of Burial Immanuel Cem.

Date April 15th 1908

Undertaker A. Fink & Son

Address 916 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Registered No. B C11366

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 149 N. Paturent St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret V. Burke

{ Residence, if in Baltimore, Give Street and Number. } 149 N. Paturent St

Duration of Residence in Baltimore. Life Time C11366

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Burke

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Welch

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Telephone Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Burke

(Address) 149 N Paturent St

Filed 4/15 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13th 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to April 13th 1908

that I last saw her alive on April 7th 1908,

and that death occurred, on the date stated above, at 2.20 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Phthisis Pulmonalis

(DURATION) 150 DAYS

(Signed) Chas B Reynolds M.D.

Address 209 N Charles

Date April 13th 11 1908

Place of Burial Cathedral Cemetery

Date April 16th 1908

Undertaker H E Hughes

Address 1715 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B .....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2018 E. Preston St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Charles E. Maurer

{ Residence, if in Baltimore, Give Street and Number. } 2018 E. Preston St.

Duration of Residence in Baltimore. Life

C 11367

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH apr 6th 1908

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Wm Maurer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Lehler

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Maurer

(Address) 2018 E Preston St

Filed 4/15 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1908

I HEREBY CERTIFY, That I attended deceased from April 6th 1908 to April 14th 1908

that I last saw him alive on April 14 1908

and that death occurred, on the date stated above, at 12.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Ernst Klauer M.D.

Address 2419 E Eager St

Date April 15th 1908

Place of Burial Balto. Cem

Date 4/15/08 190

Undertaker J Herwig & Son

Address 3008 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C11368 Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1300 S. Carey st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Wright

{Residence, if in Baltimore, Give Street and Number.} 1300 S. Carey st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 20 1849

AGE: 59 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel Wright

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Josephine French

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Concrete Maker

THE ABOVE ~~STATED~~ PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank B. Wright

Address 1300 S. Carey St

Filed 4/15 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to April 14 1908

that I last saw h in alive on April 14 1908,

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 1 DAYS

Con'tributory (Primary) Acute Nephritis

(DURATION) 17 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia

Date April 15 1908

Place of Burial Mt Olivet Cem

Date April 17 1908

Undertaker Jos. Sueskens. Son

Address 217 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

6

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in ~~Hospital or~~ Institution, give its Name instead of Street and Number.)

Full Name James McKenna

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent. Inf. Asylum

C 11369

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX M.	COLOR O
DATE OF BIRTH 1	
AGE 4 years, 4 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) —	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 4/15 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 13, 1908

I HEREBY CERTIFY, That I attended deceased from Apr 8 1908 to Apr 13 1908

that I last saw him alive on Apr 12 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Measles

(DURATION) 10 DAYS

(Signed) E 76 Hayward M.D.

Address 1230 N Caroline St

Date Apr 15 1908

Place of Burial Cath Cathedral

Date April 15 1908

Undertaker Martin Duffy & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincent Inf. and Orphan Asy. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Clark

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf Asy

Duration of Residence in Baltimore. Life

C 11370

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W
DATE OF BIRTH 1	
AGE ..... years, 1 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address)

Filed 4/15 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 13 1908

that I last saw h im alive on April 13 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E S Hayward M.D.

Address 12 30 N Carrollton Ave

Date 4 — 14 — 1908

Place of Burial New Cathedral

Date April 15 1908

Undertaker Martin Bakey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

6

(Place of Death.) No. St Vincent's Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Earnest Imhoff

{ *Residence, if in Baltimore, Give Street and Number.* } St Vincents Inf Asy

Duration of Residence in Baltimore. Expiring

C 11371

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W. B.

DATE OF BIRTH: July 2 1906

AGE: 1 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 4/15 1908

HARRY O. ANDERSON, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 13 1908

I HEREBY CERTIFY, That I attended deceased from Apr 5, 1908 to Apr 13 1908

that I last saw him alive on Apr 13 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Lobar)

(DURATION) 11 DAYS

Contributory (Primary) Rickets and measles (DURATION) DAYS

(Signed) D. A. Hayward M.D.

Address 1230 N Carrollton

Date 4—14— 1908

Place of Burial New Cathedral

Date April 15 1908

Undertaker Martin Gahan & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. and Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecilia Cleveland

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

C 11372

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W.

DATE OF BIRTH Feb. 13 1908

AGE ..... years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 4/15 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 16 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 13 1908

that I last saw her alive on April " 1908,

and that death occurred, on the date stated above, at 2

CH. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. Stayman, M.D.

Address 1230 N. Caroline

Date 4 - 14 - 1908

Place of Burial New Cathedral

Date April 15 1908

Undertaker Martin Bakey and Co

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 011373

C11373

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Boyer

{Residence, if in Baltimore, Give Street and Number.} 311 S. Stricker St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1839

AGE: 69 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Clarkstown - Pa.

FULL NAME OF FATHER: Wm Boyer

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Eliza Swantz

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary R. Boyer

(Address) 314 S. Stricker St

Filed 4/15 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1908

I HEREBY CERTIFY, That I attended deceased from April 9 1908 to April 14 1908 that I last saw h.. alive on April 13 1908, and that death occurred, on the date stated above, at 5— A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. G. Smith M.D.

Address 1628 W Lexington

Date April 14 1908

Place of Burial London Park Cem

Date April 16th 1908

Undertaker Wm B Crothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 C11374 Registered No. B C11374

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1131 St. Mc Elderry s (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kaspar J. Zajic

{Residence, if in Baltimore, Give Street and Number.} 1131 Mc E Elderry st

Duration of Residence in Baltimore. Life C11374

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 28, 1878

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Zajic

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Katerina Soubey

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Cobbler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Zajic

(Address) 1131 Mc Elderry s

Filed 4/15 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from April 9 1908 to Apr 14 1908

that I last saw h.. alive on Apr 9 1908,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

6 Weeks (DURATION) DAYS

Contributory (Primary.) Heart failure (DURATION) 1 DAYS

(Signed) D Weyforth M.D.

Address 2031 Eldon Pl

Date Apr 14 1908

Place of Burial Oak Hill

Date April 16 1908

Undertaker Frank Brach

Address 1904 Eastlan ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under hi ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 319 Norris St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis C Jones.

{ Residence, if in Baltimore, Give Street and Number. } 319 Norris.

Duration of Residence in Baltimore. Life. C11375

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 1st 1874

AGE: 33 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Henry F. Jones

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Alice Young

BIRTHPLACE OF MOTHER (State or country): Eastern shore

OCCUPATION OF DECEASED: Plumber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie R. Jones

(Address) 319 Norris St.

Filed 4/15 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1908

I HEREBY CERTIFY, That I attended deceased from April 7 1908 to April 12 1908.

that I last saw h[illegible] alive on April 12 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Uremia Coma

(DURATION) 1 DAY

Contributory (Primary) Acute Nephritis

(DURATION) DAYS

(Signed) H. Henry Ullrich M.D.

Address #11. E. Camp St.

Date April 16. 1908

Place of Burial Mt Olivet Cem.

Date April — 15 — 1908

Undertaker F. F. Dorsey

Address 716 S. Stricker St.

WM. J. C. DULANY CO., Baltimore.

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Md University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Dastar

{ Residence, if in Baltimore, Give Street and Number. } 632 Raborg St

C 11376

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: 1

AGE: 8 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm H Dastar

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Ella E Cooke

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella E Cook

(Address) 632 Raborg St

Filed 4/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 12 1908

I HEREBY CERTIFY, That I attended deceased from do 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull and multiple injuries Struck by a trolley car accident

(DURATION) 30 min DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P F Martin M.D.

Address Car

Date 4-14 1908

Place of Burial Mt Auburn

Date April 15 1908

Undertaker Isaac Brown

Address 560 Dolphin St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible]

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1931. Booth St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Rollins

{ Residence, if in Baltimore, Give Street and Number. } 1931. Booth St

C 11377

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1842 +

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) East. Shore Md

FULL NAME OF FATHER Benj. Rolley

BIRTHPLACE OF FATHER (State or country) E. Shore Md.

MAIDEN NAME OF MOTHER Can't tell

BIRTHPLACE OF MOTHER (State or country) E. Shore Md

OCCUPATION OF DECEASED Server

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Georgi Rollins

(Address) 404. N Bruce St

Filed 4/13 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 14 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 11 1908 to Apr 14 1908

that I last saw her alive on Apr 14 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Brights. Kidney disease

(DURATION) DAYS

Con'ributory (Primary.) 1 mo

(DURATION) DAYS

(Signed) G. W. Slater M.D.

Address 1703 N. Broadway

Date Apr 14 1908

Place of Burial Mt Auburn Cemetery

Date April 17th 1908

Undertaker Felix B Pye.

Address 102 E Lanvale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Preston Place 2229 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Kaesin (Kazen)

{ Residence, if in Baltimore, Give Street and Number. } 2229 Preston Place

Duration of Residence in Baltimore. Life Time

C 11378

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr. 15 1900

AGE ..... years 15 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Sam Kazen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Gette Kazen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Kazen

(Address) 2229 Preston Place

Filed 4/15 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to Apr. 12 1908 that I last saw him alive on Apr. 12 1908, and that death occurred, on the date stated above, at 6.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Quinder M.D.

Address 1119 E. Fallo. St.

Date Apl. 15. 1908

Place of Burial Loudon Park Cemetery

Date April 15, 1908

Undertaker Max Lamson

Address 162 Lexington

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

81

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Holtz

{ Residence, if in Baltimore, Give Street and Number. }

C11379

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 63 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address)

Filed 4/16 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to April 13 1908 that I last saw h alive on April 13 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Arterio-sclerosis

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date April 14 1908

Place of Burial Woodlawn Cem

Date Apl 15 1908

Undertaker John E Chenoweth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

C11380

41

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Kate Stewart

{Residence, if in Baltimore, Give Street and Number.} 311 W Preston St

Duration of Residence in Baltimore. ?

C 11380

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — — 1868

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Frank Waters

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Stewart

(Address) 311 W Preston St

Filed 4/15 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from April 8 1908 to April 14 1908 that I last saw her alive on April 14 1908 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis following operation for Removal of Carcinoma of Bowel.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. M. Griffith M.D.

Address Johns Hopkins Hospital

Date April 14 1908

Place of Burial Mt. Auburn Cem.

Date April 16" 1908

Undertaker Alex Hendley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased from to the time of death, or in his absence from the city, or if no Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 639 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Miles

{ Residence, if in Baltimore, Give Street and Number. } 639 N Central Ave

Duration of Residence in Baltimore.

C 11381

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Madison Nelson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Lizzie Young

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Madison Nelson

(Address) Back River Md

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 24 1908 to April 14 1908 that I last saw h alive on April 14 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) David I. Macht M.D.

Address Johns Hopkins Hospital

Date April 15 1908

Place of Burial Back River Md

Date April 16/08 190

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Wood

{Residence, if in Baltimore, Give Street and Number.} 2836 Raynor ave

C11382

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 29 1870

AGE 37 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Adam L Wood

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Cecilia Nally

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Wood

(Address) 2836 Raynor ave

Filed 4/15 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 13 1908

I HEREBY CERTIFY, That I attended deceased from April 11 1908 to April 13 1908 that I last saw h[illegible] alive on April 13 1908 and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral insufficiency & Stenosis Aortic insufficiency. Acute endocarditis. Septicaemia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. W. Edwards M.D.

Address Johns Hopkins Hosp

Date April 14 1908

Place of Burial Baltimore Cem

Date Apr 16 1908

Undertaker W. Tarrington Sons

Address Cumberland Md

WM. J. C. DULANY CO., BALTIMORE

Ward ... Registered No. B ... C11383

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1425 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emily Jane Norkeng

{Residence, if in Baltimore, Give Street and Number.} 1425 W. Mulberry.

Duration of Residence in Baltimore. 78 years

C11383

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 24th 1829

AGE 78 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Frederick Norkeng

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Letitia Stewart

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. C. Thomsen

(Address) 1425 W. Mulberry

Filed 4/16-08

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 24th 1908 to April 14th 1908 that I last saw h[er] alive on April 14th 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Progressive Paralysis

(DURATION) 52 DAYS

Contributory (Primary.) old age

(DURATION) — DAYS

(Signed) John Neff M.D.

Address 701 Hamilton Ave

Date April 15th 1908

Place of Burial Greenmount Cemetery

Date April 17th 1908

Undertaker Stewart & Mowen Co.

Address 215 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 Cole St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine J. Cordell

{ Residence, if in Baltimore, Give Street and Number. } 1712 Cole St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: May 26 1837

AGE: 70 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Mouse

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jas H Bryan

(Address) 1712 Cole St

Filed 4/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1907 to April 14 1908 that I last saw h.r alive on April 13 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 2 DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) 6 mos

(Signed) Thos Bryson M.D.

Address 1107 Columbia

Date April 15 1908

Place of Burial St Peters Cem

Date Thursday Apr 16 1908

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.

Full Name Sarah G. Wright

{ *Residence, if in Baltimore, Give Street and Number.* }

C 1385

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/16 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to April 14 1908

that I last saw h- alive on April 14 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Uremia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date April 15 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 15 1908 190

Undertaker Geo Thompson

Address 1895 Hope St

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 616 Monroe St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Shipley

{Residence, if in Baltimore, Give Street and Number.} 616 Monroe St

C11386

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: June 7th 1907	
AGE: — years, 10 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Joseph Shipley	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Bertie Sims	
BIRTHPLACE OF MOTHER (State or country): Balto.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bonnie Sims

(Address) 616 Monroe St.

Filed 4/16 1908

HARRY O. ANDREWS
Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

died suddenly (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 W. Lex. av. (Corner)

Date April 15th 1908

Place of Burial Mt Auburn Cemetery

Date April 16th. 1908

Undertaker Felix. B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. D 11387 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 S. Addison at St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Meier

{Residence, if in Baltimore, Give Street and Number.} 106 S. Addison at.

Duration of Residence in Baltimore. 33 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 9th 1845

AGE: 62 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Paul Leinbach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Meier

(Address) 106 S. Addison at

Filed 4/15 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 28th 1908 to Apl 14th 1908

that I last saw h[illegible] alive on Apl 12 1908

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate

Carcinoma
Liver

3 mos (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard st.

Date April 14th 1908

Place of Burial St Pauls Wilkins ave

Date Apr 16th 1908

Undertaker George Weber

Address 1155 N. Caroline st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11388

67

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital Insane Department St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Finnigan

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

C11388

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 25 1876

AGE 32 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Finnigan

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Annie

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Laund

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Thomas Dillingham

(Address) 617 W Lafayette St

Filed 4/15 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from August 13 1907 to April 14 1908 that I last saw h er alive on April 14 1908 and that death occurred, on the date stated above, at 6 35 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Paresis

(DURATION) 90 DAYS

Contributory (Primary.)

over 8 months, (DURATION) DAYS

(Signed) Thos. H. Phillips M.D.

Address

Date 190

Place of Burial Pleasant Hill Cem

Date April 16 1908

Undertaker C S B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Ward 7 C11389 Registered No. B C11389

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 760 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank H. Schmeltzer

{Residence, if in Baltimore, Give Street and Number.} 760 Ramsay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1905

AGE: 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Schmeltzer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ellen V. Feeney

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Schmeltzer

(Address) 760 Ramsay St

Filed 4/16 1908 WM. C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1908

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 15 1908 that I last saw h in alive on April 14 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro Enteritis

(DURATION) DAYS

Contributory (Primary) Shock

(DURATION) DAYS

(Signed) J. McLaughlin M.D.

Address 602 E. Pratt St.

Date April 15 1908

Place of Burial Western Cemetery

Date April 17 1908

Undertaker H. C. Brannan

Address 5 S. Eggleston St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 19 N Welcome alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nonia Polk.

{Residence, if in Baltimore, Give Street and Number.} 19 Welcome alley. C11390

Duration of Residence in Baltimore. 25 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Colored

DATE OF BIRTH: 1

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Taylor

(Address) 19 N Welcome Al

Filed 4/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 14 1908

I HEREBY CERTIFY, That I attended deceased March 1908 to Apr 14 1908

that I last saw her alive on Apr 13 1908

and that death occurred, on the date stated above, at 1 28 M. CAUSE OF DEATH (Secondary or Immediate)

H Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Edward Davis M.D.

Address 538 Saxon St.

Date 4/14/1908. 190

Place of Burial Mt. Auburn Cem

Date April 16, 190

Undertaker John H Toadvine

Address 142 W. Hill

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Kunenkowski

{ Residence, if in Baltimore, Give Street and Number. }

C11391

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 97 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sm.

BIRTHPLACE (State or country): Poland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt

(Address) BAY VIEW ASYLUM.

Filed 4/16 1908

HARRY O. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from April 10 1908 to April 14 1908 that I last saw h alive on April 14 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) DAYS

Contributory (Primary.) Arterio-Sclerosis

(DURATION) DAYS

(Signed) Robt C Bay M.D.

Address Bay View

Date April 14 1908

Place of Burial Sacred Heart

Date Apl 16" 1908

Undertaker Chas H. Evans

Address 118 & 120 W. Mt Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emma Chase

C11392

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, BAY VIEW ASYLUM

(Address)

Filed 4/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1905

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to April 15 1908 that I last saw h[er] alive on April 15 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P Day M.D.

Address Bay View.

Date April 15 1905

Place of Burial Sacred Heart

Date Apl. 16" 1908

Undertaker Chas H. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1516 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice E. Tysinger

{Residence, if in Baltimore, Give Street and Number.} 1516 E. Biddle st

C 11393

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 8, 1854

AGE 53 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) —

FULL NAME OF FATHER Lewis Tysinger

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Margaret E. Agere

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED School-Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Johanna Seegar

(Address) 216 Belair ave

Filed 4/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 — 1908

I HEREBY CERTIFY, That I attended deceased from April 14- 1908 to Apr. 15- 1908

that I last saw her alive on " 14- 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

15 hours (DURATION) DAYS

Con'ributory (Primary.) Brights disease

Several months (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date April 15 — 1908

Place of Burial Mt. Olivet cemetery

Date April 18 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE

Registered No. B [illegible]

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2234 Foster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Ludwig Gibs

{ Residence, if in Baltimore, Give Street and Number. } 2234 Foster St.

C 11394

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 5th 1908

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Emanuel Gibs

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Bachr

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emanuel Gibs

(Address) 2234 Foster St.

Filed 4/16 1908

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 10th 1908

I HEREBY CERTIFY, That I attended deceased from April 5th 1908 to April 10th 1908

that I last saw him alive on April 9th 1908,

and that death occurred, on the date stated above, at 3:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Insufficient Vitality

Baby not living full term

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Albert G. Dingwall M.D.

Address 1503 E. North Ave.

Date April 16th 1908

Place of Burial Holy Redeemer

Date April 11th 1908

Undertaker A. Fink & Son

Address 910 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

C11395

Registered No. B

City of Baltimore, (No. 151, Old York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Partlow Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Aug (Month) 8 (Day) 1853 (Year)

AGE: 54 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. —

FULL NAME OF FATHER: Wm. S. Thompson

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Margaret Southgate

BIRTHPLACE OF MOTHER (State or country): Phila. =

OCCUPATION OF DECEASED: Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Thompson

(Address) 151 Old York Road

Filed 4/16 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April. 15th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 24th 1908 to April 15th 1908 that I last saw h~~im~~ alive on April 15 1908, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Pneumonia.
Bronchial.

~~22~~ (DURATION) 22 DAYS

Contributory acute Gastritis with Enteritis (DURATION) 16 DAYS

(Signed) H. J. Stuckert Jr. M. D.

Apr. 15 1908 (Address) 811 Gorsuch Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount.

DATE OF BURIAL: April 16 1908

UNDERTAKER: E. W. Mitchell

ADDRESS: 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 265 E. Hamburg St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary F. Gatten (Datten)

{Residence, if in Baltimore, Give Street and Number.} 265 E. Hamburg St.

Duration of Residence in Baltimore. 7 yrs

C 11396

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —

AGE: 53 years, months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: John Allen

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Mary F [illegible]

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Gatten

(Address) 325 E Hamburg

Filed 4/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to April 14 1908

that I last saw her alive on April 13 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) ~~DAYS~~

Contributory (Primary) 2 mos

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 520 Hanover St.

Date April 14 1908

Place of Burial Mt Olivet

Date April 16 1908

Undertaker John E Evans & Son

Address 1426 S Charles St.

WM. J. C. DULANY CO., BALTIMORE

Registered No. B C11397

CERTIFICATE OF DEATH.

(Place of Death.) No. 522 N. Price St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name William Pinkey

{Residence, if in Baltimore, Give Street and Number.} 522 N. Price St.

Duration of Residence in Baltimore. 16 years C11397

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Aug. 27 1886

AGE 21 years, mnt's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thomas Pinkey

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Jamey Pinkey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Jamey Turpin

Address 522 Pine St

Filed 4/16 1908

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to April 14 1908

that I last saw h im alive on April 14 1908

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Jno. A. Thistel M.D.

Address 901 Myrtle Ave

Date April 14 1908

Place of Burial Mt Zion Ct

Date April 17 1908

Undertaker C. L. Brown & Son

Address 168 N Monroe

WM. J. C. DULANY CO.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11398

CERTIFICATE OF DEATH.

(Place of Death.) No. 101 E 25th St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ethel Scott Jarvis

{Residence, if in Baltimore, Give Street and Number.} 101 E 25th St

Duration of Residence in Baltimore. U.S. Jeans

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: April 15-th 1908

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benj Scott

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Hous Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Dobson

(Address) 101 E 25th St

Filed 4/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Balto Apr. 15 - 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 23 1908 to Apr 15 1908

that I last saw h alive on Apr. 14 1908

and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid-Fever

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Branch Ave

Date Apr. 15 - 1908 190

Place of Burial Woodlawn

Date April 16th 1908

Undertaker Thos. E Hamilton Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11399 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Winer (Winers)

{Residence, if in Baltimore, Give Street and Number.} Orangeville Balto. Co.

Duration of Residence in Baltimore. 15 hours in hospital

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 17th 1864

AGE: 44 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Winer

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie V. Heim

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Winer

Address Orangeville

Filed 4/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Shock from accidental injuries to abdomen

(DURATION) 1 DAYS

Contributory (Primary.) * accidental

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. Av. (Govans)

Date April 15th 1908

Place of Burial Oak Lawn Cem.

Date 4/17/08 190..

Undertaker J. Herring & Son

Address 1208 Aisquith St.

WM. J. C. DULANY CO., BALTIMORE.

While riveting a piece of steel on tongs under a trip-hammer, his head struck, thus sustaining injuries which caused death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ...se can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...se and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 505 N. Pose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha L. Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 505 Pose st

Duration of Residence in Baltimore. 3 year 7 month, C 11400

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 25 1904

AGE 4 years, 1 months, 22 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER John Hoffman

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Mary Annie Ripperger

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hoffman

(Address) 505 N. Pose st

Filed 4/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1908

I HEREBY CERTIFY, That I attended deceased from April 15th 1908 to April 15th 1908

that I last saw h alive on April 15th 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Spasms -

two hours (DURATION) DAYS

Con'tributory (Primary) Pneumonia

about six days (DURATION) DAYS

(Signed) Fredk. A. Consadine M.D.

Address 2421 E. Balt. St.

Date April 16th 1908

Place of Burial ~~St Engelwood Cemetery~~ St Matthews Cem

Date April 19th 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

Ward 4 C11401 Registered No. B C11401

CERTIFICATE OF DEATH. 45

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. A. W. Buckingham

{Residence, if in Baltimore, Give Street and Number.} ~~University Hospital~~ Westminster Md.

Duration of Residence in Baltimore. since 4-6-08

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Jan 1830

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Frank Schaner

(Address) Westminster

Filed 4/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4-16 1908

I HEREBY CERTIFY, That I attended deceased from 4-6 1908 to 4-16 1908 that I last saw h[er] alive on 4-16 1908, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

20 hrs (DURATION) DAYS

Contributory (Primary) General Carcinomatosis condition (DURATION) 3 mos DAYS

(Signed) E W Billings M.D.

Address University Hospital

Date 4-16 1908

Place of Burial Westminster Md.

Date April 18 1908

Undertaker H. Mannion Boulton

Address 231 N Green St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 307 West Lanvale St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Lennia H Eastman

{Residence, if in Baltimore, Give Street and Number.} 307 West Lanvale St

C 11402

Duration of Residence in Baltimore. Thirty-two yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 21st 1822

AGE: 85 years, 10 months, 14 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maine

FULL NAME OF FATHER: David Eastman

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER: Salinda Wood

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard D. Maynard

(Address) 307 W. Lanvale St

Filed April 16 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Acute Endocarditis (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lucia Baetzman M.D.

Address 710 Lafayette Av. (City)

Date April 16th 1908

Place of Burial St. Thomas Cemetery Baltimore Md.

Date April 18 1908

Undertaker Stewart & Mowan Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B C11403

164

CERTIFICATE OF DEATH..

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. M. Dunnwalt

{ Residence, if in Baltimore, Give Street and Number. } Grand, Md

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 3rd 1862

AGE: 45 years, 9 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joshua B Dunnwalt

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie E Wood

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Stone business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J B Dunnwalt

(Address) 2119 St Paul

Filed 4/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 15th 1908

I HEREBY CERTIFY, That I attended deceased, from Feb 29th 1908 to April 15th 1908

that I last saw him alive on April 15th 1908, and that death occurred, on the date stated above, at 6.37 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pyemia

(DURATION) DAYS

Contributory (Primary) Fractured Radius & Ulna Ankle (DURATION) DAYS

(Signed) H W Roberts M.D.

Address University Hosp.

Date April 15th 1908

Place of Burial Greenmount Cemetery

Date April 17 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

36

(Place of Death.) No. 314 N Paniah alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Johnson Reid

{ Residence, if in Baltimore, Give Street and Number. } 314 Paniah alley

Duration of Residence in Baltimore. Entire

C11404

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH March 20 1908

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt City

FULL NAME OF FATHER Garfield Reed

BIRTHPLACE OF FATHER (State or country) Middleneck Co Va

MAIDEN NAME OF MOTHER Lucy Reed

BIRTHPLACE OF MOTHER (State or country) Westmoland Co Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Reed

(Address) 314 N Paniah ally

Filed 4/16 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to April 15 1908

that I last saw h— alive on " 14 1908

and that death occurred, on the date stated above, at 2 Pm

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Secondary

..... (DURATION) N DAYS

Con'tributory (Primary.) Syphilis

..... (DURATION) 15 DAYS

(Signed) Shepherd Dixie M.D.

Address 309 N Fremont Ave

Date April 15th 1908

Place of Burial Laurel Cemetery

Date April 17 1908

Undertaker John H Owens & Son

Address 1222 Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 3029 Remington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Justus Walstrum

{ Residence, if in Baltimore, Give Street and Number. } 3029 Remington Ave.

C11405

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: April 14 1908

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): 3029 Remington Ave

FULL NAME OF FATHER: John Herbert Walstrum

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary Ellen Hughes

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Herbert Walstrum

(Address) 3029 Remington Ave

Filed 4/16 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 15 1908

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 14 1908

that I last saw him alive on April 14 1908,

and that death occurred, on the date stated above, at 7 9 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus Exsanitus.
Cyanosis

(DURATION) ..... DAYS

Contributory (Primary.) Premature birth & mal. Intra Uter. (DURATION) ..... DAYS

(Signed) Rezeazlehrer M.D.

Address 211 W. 25th St.

Date April 15 1908

Place of Burial Balto Cemetery

Date Apl 16 1908

Undertaker W. E Chenoweth Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 Appleton St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Williams

{Residence, if in Baltimore, Give Street and Number.} 1019 Appleton St

Duration of Residence in Baltimore. Life time

C 11406

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 4 1908

AGE: [redacted] years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Robt L Williams

BIRTHPLACE OF FATHER (State or country): W. Virginia

MAIDEN NAME OF MOTHER: Elizabeth Card

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Card

(Address) 1019 Appleton St

Filed 4/16 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to April 16 1908

that I last saw her alive on April 15 1908

and that death occurred, on the date stated above, at 2 a m. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

and Inanition

(DURATION) 11 DAYS

Con'ributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) L L Davis M.D.

Address 1202 N Carrollton

Date April 16th 1908

Place of Burial Baltimore Cem.

Date April 16th 1908

Undertaker H Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 1622 Brunt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ernest Purnell Williams.

{Residence, if in Baltimore, Give Street and Number.} 1622 Brunt St.

C 11407

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Black.
DATE OF BIRTH	April 12 1908
AGE	— years, — months, Two days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Geo. Williams
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Mey-
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Prestman St

Filed 4/16 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to April 14 1908 that I last saw him alive on April 14 1908 and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate.)

Hemophilia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. Brice M.D.

Address Md. Gen. Hosp.

Date April 14 1908

Place of Burial Mt Zion

Date April the 16 1908

Undertaker James H Dennis

Address 1332 Prestman St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1116 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Ginsberg

{Residence, if in Baltimore, Give Street and Number.} 215 S Caroline st

Duration of Residence in Baltimore.

C 11408

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: White
DATE OF BIRTH: 1	
AGE: 60 years, ... months, ... days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Russia	
FULL NAME OF FATHER: Polock Ginsberg	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Sarah Gellman	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rifkin

Address 215 Caroline st

Filed 4/16 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h ... alive on ——— 190,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Greene st

Date 190

Place of Burial Hebrew Randolph Cemetery

Date April 17 1908

Undertaker Max Linzner

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

51

(Place of Death.) No. The Johns Hopkins Hospital St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Daniel Quickly.

{ Residence, if in Baltimore, Give Street and Number. } 422 N Broadway

Duration of Residence in Baltimore. 9.

C 11409

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 4/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1908

I HEREBY CERTIFY, That I attended deceased from April 9 1908 to April 15 1908

that I last saw him alive on April 15 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Abdominal aneurysm

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Willis D. Gatch M.D.

Address Johns Hopkins Hosp

Date 4/15 1908

Place of Burial Long Green Md

Date Apr. 17 th 1908

Undertaker G.F. Walker

Address 720 N

WM. J. C. DULANY CO., BALTIMORE

Ward 7

Registered No. B C11410

C11410

134

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. ~~John~~ Ellery Scott

{Residence, if in Baltimore, Give Street and Number.} Oakdale, Howard Co. Md

Duration of Residence in Baltimore. 5 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1868

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Baker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John Scott

(Address) Oakdale Howard Co. Md

Filed 4/16 1908 HARRY O. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 15th 1908

I HEREBY CERTIFY, That I attended deceased from April 10th 1908 to April 15th 1908 that I last saw h[illegible] alive on April 15th 1908, and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia of Pregnancy

(DURATION) DAYS

Contributory (Primary.) Pregnancy

(DURATION) DAYS

(Signed) R. C. Faulkner M.D.

Address University Hospital

Date April 15th 1908

Place of Burial St. Mary's Cemetery

Date April 17 Gonas Md 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

151

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Scott

{Residence, if in Baltimore, Give Street and Number.} Balto

Duration of Residence in Baltimore. Life C 11411

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 15 1908

AGE 1 hour

.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Scott

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ellen Baker

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Scott

(Address) Oakdale Howard Co. Md

Filed 4/16 1908 HARRY C. ARNOLD PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15-th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 15-th 190.. to Apr 15th 1908 that I last saw h.. alive on Apr 15 190 8, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Immature Ectra uterine life

.....(DURATION)..... DAYS

Contributory (Primary.)

.....(DURATION)..... DAYS

(Signed) R.C. Faulkin M.D.

Address Univ. Hospital

Date April 16-th 1908

Place of Burial St. Mary's Cemetery Govans Md

Date April 16 1908

Undertaker Chas. F. Evans

Address 1184 1120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1038 James al St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Agostino Scalia.

{Residence, if in Baltimore, Give Street and Number.} 1038 James al.

Duration of Residence in Baltimore. Life time.

C 11412

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Sept 1st 1906
AGE	1 years, 7 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	city -
FULL NAME OF FATHER	Giacomo Scalia.
BIRTHPLACE OF FATHER (State or country)	Italy -
MAIDEN NAME OF MOTHER	Santa Barbiano.
BIRTHPLACE OF MOTHER (State or country)	Italy -
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Giacomo Scalia

(Address) 1038 James al

Filed 4/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 — 15 1908

I HEREBY CERTIFY, That I attended deceased from 4 — 14 1908 to 4 — 15 1908

that I last saw him alive on 4 — 15 1908.

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

convulsions —

(DURATION) 1 DAYS

Contributory (Primary.) Auto Intoxication

(DURATION) 2 DAYS

(Signed) S. D'Emanuele M.D.

Address 1604 Linden ave

Date 4 — 16 1908.

Place of Burial Cathedral cemetery

Date April 17 1908

Undertaker Karl & Margt G. Flynn

Address 426 West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Ward ..... Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 132 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurnie Scott

{ Residence, if in Baltimore, Give Street and Number. } 132 N. Washington

Duration of Residence in Baltimore. Lifetime C 11413

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1893 May 14 1
AGE	15 years, 1 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore, Md.
FULL NAME OF FATHER	Robert Scott
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md.
MAIDEN NAME OF MOTHER	Susie Buttner
BIRTHPLACE OF MOTHER (State or country)	Canada
OCCUPATION OF DECEASED	School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Scott

(Address) 132 N. Washington St.

Filed 4/17" 1908 HARRY C. ANDREAS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12th 1908 to April 14 1908

that I last saw h[illegible] alive on April 2d 1908

and that death occurred, on the date stated above, at 11-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Influenza

(DURATION) DAYS

Contributory (Primary.) Pneumonia Influenza Sept 1907

(DURATION) DAYS

(Signed) W. Winsey M.D.

Address 1224 E. Fayette

Date April 16th 1908

Place of Burial Asbury Cemetery

Date April 17 1908

Undertaker Theodore H. Shultz

Address 1702 South 6 St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

47

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mant Johnson (col).

{ Residence, if in Baltimore, Give Street and Number. } 336 N. Bruce St. city.

Duration of Residence in Baltimore. C 11414

PERSONAL AND STATISTICAL PARTICULARS

SEX male. COLOR Black

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Stevedor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant John Hammond

(Address 336 N Bruce St

Filed 4/17 190 8

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14th 1908.

I HEREBY CERTIFY, That I attended deceased from April 14th 6 PM 1908 to April 14th 10 PM 1908 that I last saw h im alive on " " " 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Primary Cause Rheumatism.

Immediate " Endocarditis, Valvula insufficiency, & Pulmonary Oedema (DURATION) DAYS

Con'ributory (Primary.) .....

(DURATION) DAYS

(Signed) C. Urban Smith M.D.

Address 1928 Madison ave.

Date April 16th 1908

Place of Burial Mt Olivet

Date April 17 1908

Undertaker Alfred J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person easeh, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C11415

(Place of Death.) No. 1709 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bruce Hunter Jng.

{ Residence, if in Baltimore, Give Street and Number. } Life 1709 N Fulton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 3rd 1908

AGE: — years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frank Randolph Jng

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sophia Edna Dilson

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank R. Jng.

(Address) 1709 N. Fulton Ave

Filed 4/17 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 3d 1908 to April 15 1908

that I last saw h... alive on April 15 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia 1 DAYS

Contributory (Primary) Congenital Heart Defect (DURATION) DAYS

(Signed) Walter Magruder M.D.

Address 922 Madison Ave.

Date April 16, 1908. 190

Place of Burial London, Ky.

Date Apr 17th 1908

Undertaker Geo J. Smith Co.

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

160

CERTIFICATE OF DEATH.

(Place of Death.) No. Mulberry Cor of R. R. Track St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank Hranicka

{ Residence, if in Baltimore, Give Street and Number. } 824 N. Port St.

Duration of Residence in Baltimore. 20 years C11416

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 32 *years,* *months,* *days*

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Frank Hranicka

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Romelba

(Address) Ashland Ave & 3rd st.

Filed 4/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 15- 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate

Suicide by jumping infront of train.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Luigi Carullo M.D.

Address Coroners Dept

Date Apr 16 1908

Place of Burial Oakland

Date April 18 1908

Undertaker Frank Krach

Address 1404 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B [illegible]

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 539 W Cross St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elmira Ellis.

{Residence, if in Baltimore, Give Street and Number.} 539 W. Cross St.

Duration of Residence in Baltimore. life.

C 11417

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Colored.

DATE OF BIRTH ✓ 1903

AGE 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Jno Ellis.

BIRTHPLACE OF FATHER (State or country) Balto city

MAIDEN NAME OF MOTHER Chaney

BIRTHPLACE OF MOTHER (State or country) Oxford Maryland.

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Ellis (his + mark)

(Address) 539 W. Cross St.

Filed 4/17 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH apr. 16. 1908

I HEREBY CERTIFY, That I attended deceased from apr. 14 1908 to apr. 16 1908

that I last saw h[illegible] alive on apr. 16 1908

and that death occurred, on the date stated above, at 2 p.m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure, purulent infection

(DURATION) DAYS

Con'tributory (Primary.) Scarletina

(DURATION) 5 DAYS

(Signed) M.b Frilinger M.D.

Address 802 S. Fremont Ave.

Date apr. 16. 1908

Place of Burial Int Auburn Cemetery

Date April 17 1908

Undertaker Dan'l Hooper

Address 609 Little Paca St

1 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11418 Registered No. 2.....

CERTIFICATE OF DEATH. 63

(Place of Death.) No. 518 W. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Sunstell.

{Residence, if in Baltimore, Give Street and Number.} 518 W. Hoffman

Duration of Residence in Baltimore. Lifetime C11418

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Arnold Hagan

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Cordelia Rigley

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilson Sunstell

(Address) 518 W. Hoffman St

Filed 4/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 15th 1908

I HEREBY CERTIFY, That I attended deceased from July 6th 1907 to Apr. 15th 1908 that I last saw h[er] alive on Apr. 15th 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

(DURATION) — DAYS

Contributory (Primary) Compression Myelitis (DURATION) 1yr.

(Signed) W=J Carr Jr. M.D.

Address 515 N. Sherwood St.

Date Apr. 16th 1908

Place of Burial Cathedral Cemetery

Date April 18 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

N.B. The mother died from Tumor of the Spinal Cord.

W. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 898 Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Johnson

{ Residence, if in Baltimore, Give Street and Number. } 898 Boyd St

C 11419

Duration of Residence in Baltimore 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Frederick Co Md.

FULL NAME OF FATHER Jas Tiller

BIRTHPLACE OF FATHER (State or country) Fred Co Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Williams

(Address) 898 Boyd St

Filed 4/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 15 1908

I HEREBY CERTIFY, That I attended deceased from Apl 6 1908 to Apl 15 1908

that I last saw h[illegible] alive on Apl 15 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Amyloid Degen. Kidneys & Liver

Sinus (DURATION) DAYS

Contributory (Primary.) Asthenia (DURATION) 14 DAYS

(Signed) D Norwood M.D.

Address Cor Fayette & St

Date Apl 17 1908

Place of Burial Mt Auburn Cemetery

Date Apl 17th 1908

Undertaker Felix B. Pyle.

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 2930 Bernard Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucie Lee Cole

{Residence, if in Baltimore, Give Street and Number.} 2930 Bernard Ave

C11420

Duration of Residence in Baltimore. 8 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 10 1883
AGE	24 years, 11 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Carroll Co Md
FULL NAME OF FATHER	James B. Cole
BIRTHPLACE OF FATHER (State or country)	Balto Co
MAIDEN NAME OF MOTHER	Susan Doney
BIRTHPLACE OF MOTHER (State or country)	Montgomery Co
OCCUPATION OF DECEASED	Mohisman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs May Cole

(Address) 2931 Bernard Ave

Filed Apr 8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 15 1908

I HEREBY CERTIFY, That I attended deceased from Apr 8 1908 to Apr 15 1908

that I last saw h[illegible] alive on Apr 14 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inflammatory Rheumatism with Cardiac insolvency (Syncope & Collapse)

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. H. Ford Duncan M.D.

Address 800 N. Carey

Date Apr 16th 1908

Place of Burial Mt. Mary's N.

Date Apr 17 1908

Undertaker J. J. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C11421 Registered No. B — C11421

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1121 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Becker.

{Residence, if in Baltimore, Give Street and Number.} 1121 Cleveland St.

Duration of Residence in Baltimore. 27 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 17th 1849

AGE: 58 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Becker.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Seng.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Becker.

(Address) 1121 Cleveland St.

Filed 4/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

(Apoplexy) Coma
Paralysis from
Cerebral hemorrhage

(DURATION ~~1 Hour~~ 2 DAYS)

Contributory (Primary.) Apoplexy

(DURATION 1½ DAYS)

(Signed) Joseph Eyerly M.D.

Address 1576 Middlecamp Ave

Date Sept 16th 1908

Place of Burial Western Cemetery

Date April 18th 1908

Undertaker Wm. Thos. Conrad Sempsel.

Address 821 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and date of death.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 126 W. Perry St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Holly b.

{ Residence, if in Baltimore, Give Street and Number. } 126 W. Perry St.

Duration of Residence in Baltimore. Life

C 11422

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH March 30 1908

AGE — years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George Collow b.

BIRTHPLACE OF FATHER (State or country) St Mary's Co Md.

MAIDEN NAME OF MOTHER Rosie Holly c

BIRTHPLACE OF MOTHER (State or country) St Mary's Co Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Holly c (mother)

(Address) 126 W Perry St

Filed 4/17 1908 HARRY C. ANDREWS, PERMIT CLERK. (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Quantion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw M Leinhardt M.D.

Address Coroner

Date April 17. 1908

Place of Burial Samuel an

Date Apr 17 1908

Undertaker R. A. Ecclestt

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 108 W. Perry St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leon Mason 6.

{ Residence, if in Baltimore, Give Street and Number. } 108 W. Perry St.

Duration of Residence in Baltimore. Life.

C11423

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: January 6 1908

AGE: ——— years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James Mason 6

BIRTHPLACE OF FATHER (State or country): Washington DC

MAIDEN NAME OF MOTHER: Elizabeth Kendall 6

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Miller Grandmother

(Address) 108 Perry St.

Filed 4/17 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) H. Kendall M.D.

Address Coroner.

Date April 17 1908

Place of Burial Lamech Cem

Date Apr 17 1908

Undertaker R. A. Elliott

Address 516 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1119 Thompson St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hill

{ Residence, if in Baltimore, Give Street and Number. } 1119 Thompson St

Duration of Residence in Baltimore. Life C11424

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltic

FULL NAME OF FATHER Samuel Galloway

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Nancy Galloway

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Nancy Galloway

(Address) 1119 Thompson St

Filed 4/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 15 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1030 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred St Camilleri M.D.

Address Crime Path

Date Apr 16 — 08 190

Place of Burial Mt Zion

Date Apr 18 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 415 Moore alley St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name James Moody

{ *Residence, if in Baltimore, Give Street and Number.* } 415 moore alley.

C11425

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 45 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Moody

(Address) 415 Moore al

Filed 4/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH april 15 (15) 1908

I HEREBY CERTIFY, That I attended deceased from april 4 1908 to april 15 1908

that I last saw h 14 alive on april 15 1908,

and that death occurred, on the date stated above, at 1115 A. M. CAUSE OF DEATH (Secondary or Immediate)

asthma bronchitis

contributed by

pleurisy

(DURATION) 11 DAYS

Con tributory (Primary.) pleurisy

(DURATION) 11 DAYS

(Signed) John W Bernard M.D.

Address 708 Ensor

Date april 15 1908

Place of Burial Mt auburn

Date apr 17 1908

Undertaker R. A. Emmit

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 40 E. Hughes St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Johnson

{ Residence, if in Baltimore, Give Street and Number. } 40 E. Hughes St

Duration of Residence in Baltimore. 40 yrs

C 11426

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Don't Know

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Howard Co Md.

FULL NAME OF FATHER: Chas Tyler

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Margaret Brooks

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Tyler Uncle

(Address) 40 E Hughes St

Filed 4/17 190 8

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 15 1908.

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3.3 P M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas M Leinhardt M.D.

Address Coroner

Date April 15 1908

Place of Burial Laurel Cem

Date April 19 1908

Undertaker R. A. Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

113

(Place of Death.) No. 40 2 Poppleton St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary A Jarboe

{ Residence, if in Baltimore, Give Street and Number. } 40 2 Poppleton St

C 11427

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 58 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Patrick Donnelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sylvia O Connell

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Jarboe

(Address) 40 2 Poppleton st

Filed 4/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16, 1908

I HEREBY CERTIFY, That I attended deceased from April 9 1908 to April 16 1908 that I last saw her alive on April 16 1908 and that death occurred, on the date stated above, at 8.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 3 DAYS

Con'ributory (Primary.) Gall-stones

(DURATION) 7 DAYS

(Signed) W. O'Neill M.D.

Address 1315 Hollins st

Date April 16 1908

Place of Burial Cathedral Cemetery

Date April 20 1908

Undertaker John Howan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

188

(Place of Death.) No. 1707 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora Fritz

{Residence, if in Baltimore, Give Street and Number.} 1707 Hanover St.

Duration of Residence in Baltimore. Life Time C11428

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Aug 15 to 1886

AGE 21 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William O. Leary

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Augusta Baker

BIRTHPLACE OF MOTHER (State or country) Germ

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta O. Leary

(Address) 1707 Hanover st

Filed 4/17 1908

HENRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1908

I HEREBY CERTIFY, That I attended deceased from April 13 1908 to April 15 1908 that I last saw h[illegible] alive on April 15 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 2 DAYS

Contributory (Primary) Puerperal Eclampsia (DURATION) 3 DAYS

(Signed) W. E. L. Campbell M.D.

Address 1644 Hanover st

Date April 16 1908

Place of Burial Western Cem

Date April 18 1908

Undertaker E. Lahlman Co

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 S Stoffard St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Infant of John & Agnes Paul

{Residence, if in Baltimore, Give Street and Number.} 125 S Stoffard St

C 11429

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 16 1908

AGE: 0 years, 0 months, 8 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John C Paul

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C Paul

(Address) 125 S Stoffard St.

Filed 4/17 1908

HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16 1908

I HEREBY CERTIFY, That I attended deceased from April 16 1908 to April 16 1908 that I last saw him alive on April 16 1908, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General Asthenia

(DURATION) 8 hours

Contributory (Primary.) Prematurity 6 Mo. Pregnancy (DURATION) DAYS

(Signed) W. W. James M.D.

Address Immigrant

Date April 17 1908

Place of Burial New Cathedral Cem.

Date April 17. 1908

Undertaker C. W. Dill

Address 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 11430 1/20

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hogan

{Residence, if in Baltimore, Give Street and Number.} 307 Mount Pleasant ave Balto Co Md

Duration of Residence in Baltimore. Life.

C 11430

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 26th 1865

AGE: 42 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Co Md.

FULL NAME OF FATHER: Aron Disney

BIRTHPLACE OF FATHER (State or country): Dont Know ~~now~~ nose

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin H Hogan

Address 307 Mount Pleasant Ave

Filed 4/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1908

I HEREBY CERTIFY, That I attended deceased from April 13 1908 to April 16 1908 that I last saw h.r alive on April 15 1908, and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Brights Disease

(DURATION) DAYS

(Signed) Wm. J. Permit M.D.

Address St. Joseph's Hosp.

Date April 16th 1908

Place of Burial Sacred Heart Cemetery

Date April 20th 1908

Undertaker Germanus Trance

Address 403 S. Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

Ward V

Registered No. B

C11431

CERTIFICATE OF DEATH.

69.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Lee

{Residence, if in Baltimore, Give Street and Number.} 1043 N. Howard st

Duration of Residence in Baltimore. Twenty nine years.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Colord

DATE OF BIRTH 1

AGE 29 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ Singll

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Arnal Lee

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Margerit henson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Labarer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isiah Lee

(Address) 1043 N Howard St

Filed 4/17 1908

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15, 1908

I HEREBY CERTIFY, That I attended deceased from April 13 1908 to April 15 1908 that I last saw h-im alive on April 14 1908, and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia and hypostatic pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Epilepsy

Chronic (DURATION) DAYS

(Signed) H Claude Shyer M.D.

Address University Hospital

Date April 15th 1908

Place of Burial Mt. Auburn Cem

Date April 17, 1908

Undertaker John H. Coadrai

Address 142 W. Hill St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate stating the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

(Place of Death.) No. 725. Ensor. St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary. O'Connor.

{ Residence, if in Baltimore, Give Street and Number. } 725. Ensor. St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH Feb. 15 1861

AGE 47. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Mc. Govern

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Mary. Mc Govern.

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Home keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna. Carlan

(Address) 725. Ensor St.

Filed 4/17 1908.

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1908

I HEREBY CERTIFY, That I attended deceased from Feby 1908 to April 16th 1908 that I last saw her alive on April 14th 1908, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Sclerosis about

(DURATION) 90 DAYS

(Signed) H. B. Reynolds M.D.

Address 809 N. Charles St.

Date April 16th 1908

Place of Burial Holy Cross Cemetery

Date April 18 1908

Undertaker Wm. Cook.

Address 502 E. North ave.

WM. J. C. DULANY CO., BALTIMORE.

CL1433

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John James

{Residence, if in Baltimore, Give Street and Number.} 710 S. Durham

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 17 1898

AGE 9 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Frederick James

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Kate Noon

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredk. James

(Address) 710 S. Durham St

Filed 4/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1907 to April 15th 1908 that I last saw h[illegible] alive on April 15th 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

General edema (DURATION) 30 DAYS

Contributory (Primary.) Valvular Disease Heart (DURATION) DAYS

(Signed) C. N. Kelley M.D.

Address S. Hudson at Gay

Date April 16th 1908

Place of Burial Oak Lawn Can

Date April 18 1908

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

123

(Place of Death.) No. 1918 E Fayette St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter H. de Vries.

{ Residence, if in Baltimore, Give Street and Number. } 1918 E. Fayette st

C11434

Duration of Residence in Baltimore. 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 15 1840

AGE 67 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Restaurant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary De Vries

(Address) 1918 E. Fayette St.

Filed 4/17 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14 1908

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 14 1908 that I last saw him alive on April 14 1908, and that death occurred, on the date stated above, at 11 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cystitis
Uremic Coma

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred K. Ghatz M.D.

Address 1721, Caulen. av,

Date 17. April. 1908

Place of Burial Mt. Carmel Cemetery

Date April 18" 1908

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Walbrook Ave & Liberty Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James W. Fisher

{ Residence, if in Baltimore, Give Street and Number. } Walbrook Ave & Liberty Road.

Duration of Residence in Baltimore. 60 years

C 11435

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White.
DATE OF BIRTH: March 19, 1837	
AGE: 71 years, — months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): York, Pa.	
FULL NAME OF FATHER: Geo. Fisher	
BIRTHPLACE OF FATHER (State or country): Lancaster, Pa.	
MAIDEN NAME OF MOTHER: Mary Rodenmayer	
BIRTHPLACE OF MOTHER (State or country): Balto, Md.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Cora Fisher

(Address) Walbrook Ave & Liberty Rd.

Filed 4/17 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 15 1908

I HEREBY CERTIFY, That I attended deceased from Apr 12 1908 to Apr 15 1908 that I last saw him alive on Apr 15 1908, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) indefinite

(Signed) Clinton Russell M.D.

Address Professional Bldg

Date Apr 16 1908

Place of Burial Greenmount Cemetery

Date April 17, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 244 N. Mount St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ashton P. Kellbaugh.

{Residence, if in Baltimore, Give Street and Number.} 244 N. Mount st

C 11436

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH July 1 1895

AGE 12 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Sharps, Md.

FULL NAME OF FATHER Harry A. Kellbaugh

BIRTHPLACE OF FATHER (State or country) Hancock, Md.

MAIDEN NAME OF MOTHER Fanny D. Warfield

BIRTHPLACE OF MOTHER (State or country) Sharps, Md

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mrs. Harry A. Kellbaugh

(Address) 244 N. Mount St

Filed 4/17 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1908

I HEREBY CERTIFY, That I attended deceased from April 8th 1908 to April 16 1908

that I last saw him alive on April 16 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Articular Rheumatism

Complicating Valvular Heart Disease

(DURATION) 13 DAYS

Contributory (Primary) Asthenia and

Cardiac Dilatation (DURATION) 3 DAYS

(Signed) Henry C. O'Kelly M.D.

Address 1203 N. Fayette St

Date April 16 1908

Place of Burial Loudon Park

Date Apr 18 1908

Undertaker W. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

C11437

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1425 W Mosher St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert A Pruett

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 23 1863
(Month) (Day) Year)

AGE 44 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Pruett

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah C Waller

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pruett

(Address) 1428 Mosher

Filed 4/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 10 1908 to April 16 1908

that I last saw h[illegible] alive on April 16 1908,

and that death occurred, on the date stated above, at 7 A M

The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Jno L Fetherolf M. D.

APR 17 1908 (Address) N E Cor Lafayette & Carrollton Aves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Chaus-Ball Co

DATE OF BURIAL April 18 1908

UNDERTAKER W. T. Tuckwell & Son

ADDRESS Carrollton Ave & Pacific

WM. J. C. DULANY CO., BALTIMORE.

C. 130

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Stewart

{ Residence, if in Baltimore, Give Street and Number. } Centreville Md.

C 1438

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	B
DATE OF BIRTH	1
AGE	30 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Kent Co
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Centerville
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/17 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1908

I HEREBY CERTIFY, That I attended deceased from April 8 1908 to April 16 1908 that I last saw h alive on April 16 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

(DURATION) — DAYS

Contributory (Primary) Exhaustion

Syphilis (DURATION) DAYS

(Signed) [illegible] M.D.

Address Balto City Hospital

Date April 16 1908

Grave Co

Place of Burial Centerville Md

Date Apr. 1908

Undertaker J. J. Talley & Son

Address 1232 Williams

WM. J. C. DULANY CO., BALTIMORE.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person ased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 1040 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Patrick McEvoy

{ Residence, if in Baltimore, Give Street and Number. } 1040 Harford Ave

C 11439

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 35 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ M

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John McEvoy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Brady

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1040 Harford ave

Filed 4/17 1908 HARRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1908

I HEREBY CERTIFY, That I attended deceased from As Corner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

* Scalded by steam & hot water

(DURATION) 4 hrs DAYS

Contributory (Primary) Accidental

(DURATION) DAYS

(Signed) Patrick H Martin M.D.

Address Corner Lafayette ave & Pine

Date 4/17 1908.

Place of Burial Texas Balto Co. Md

Date April 18th 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

* was inside boiler cleaning same, when hot water rushed in upon him from some unknown cause.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Snouffer

{ Residence, if in Baltimore, Give Street and Number. }

C11440

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH April 2 1

AGE 3 years, months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Emmitsburg Md

FULL NAME OF FATHER Philip J Snouffer

BIRTHPLACE OF FATHER (State or country) Emmitsburg Md

MAIDEN NAME OF MOTHER Mary D Sdffer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 4/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 16 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr 16 1908

that I last saw h[illegible] alive on Apr 15 1908

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. J. Hayward M.D.

Address 1230 N Caroline

Date 4-16 1908

Place of Burial Emmitsburg Frederick Co.

Date March 17 1909

Undertaker Chas E Clautice

Address 518 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Insane Department Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Peters

{ *Residence, if in Baltimore, Give Street and Number.* } Baltimore 441 W Biddle

Duration of Residence in Baltimore.

C 11441

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 4/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1908 to April 17 1908 that I last saw her alive on April 17 1908 and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis &
&
Pneumonia
Tuberculosis (DURATION) over 3 months DAYS

Contributory (Primary.)
Pneumonia (DURATION) 6 DAYS

(Signed) Thos. H. Phillips M.D.

Address Bayview Asylum

Date April 17 1908

Place of Burial Mount Auburn

Date April 19 1908

Undertaker John H. Owens & Sons

Address 1212 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 897 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Clark

{Residence, if in Baltimore, Give Street and Number.} 897 Ramsay St.

C11442

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH July 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Michael Clark

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Black

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Moran

Address Bank & Arnold

Filed 4/18 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15th 1908

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190 and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate) accidentally Struck by Car M.R.T.Co on Columbia Ave April 11th 08 Causing fracture R arm and left leg scalp and other wounds. DURATION DAYS Death result of injuries Contributory (Primary) (DURATION) 4 DAYS

(Signed) Frank Jones M.D. Coroner Sub

Address

Date April - 17 1908

Place of Burial St. Peters Chm.

Date April 18th 1908

Undertaker Jno. A. Moran

Address Bank & Arnold

WM. J. C. DULANY CO., BALTIMORE

...EPARTMENT, City of Baltimore.

Ward .....

C1443 Registered No. B C1443

CERTIFICATE OF DEATH.

(Place of Death.) No. 2830 ODonnell St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Henry Berkes

{ Residence, if in Baltimore, Give Street and Number. } 2830 ODonnell St.

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 12th 1846

AGE: 61 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Berkes

(Address) 2430 Odonnell St

Filed 4/18 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h... alive on — 190,

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate

cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 ½ Greene St

Date ... 190

Place of Burial Trinity Cem.

Date 4/19/08 190

Undertaker Fleming Bros

Addr...

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

155

(Place of Death.) No. Md University Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry J Mendel.

{ Residence, if in Baltimore, Give Street and Number. } 1226 Stockholm St

Duration of Residence in Baltimore. Life

C11444

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo Mendel

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ida B. Howard

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Geo. Loerdens

Address 217 S. Pace

Filed 4/18 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16 1908

I HEREBY CERTIFY, That I attended deceased from an Owner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate) Paris Green poison

Suicide (DURATION) 3 hrs DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Harten M.D.

Address 1002 w Lafayette

Date April 16 1908

Place of Burial London Park Cy

Date April 19 1908

Undertaker Jos. Loerdens, Jr

Address 217 S. Pace

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 11475

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 1527 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Hughes

{Residence, if in Baltimore, Give Street and Number.} 1527 Argyle Ave

Duration of Residence in Baltimore. 49 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: November 1838

AGE: 69 years, 5 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: ~~Hugh Houghston~~ ~~Hughes~~

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Houghston

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Goerdens

(Address) 217 S. Pecan

Filed 4/18 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 16 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ for about 3 yrs Apr 16 1908 to ~~1908~~ Apr 16 1908

that I last saw her alive on 1908,

and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Rectum

dying from Asthenia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A C Pole M.D.

Address 2038 Madison Ave

Date April 18 1908

Place of Burial Baltimore Cemy

Date April 18 1908

Undertaker Jos. Goerdens & Son

Address 217 S. Pecan

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11446

City of Baltimore, (No. 129 N. Baxter St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lotta C. King

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 5th (Day) 1908 (Year)

AGE: ..... years, ... months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John King

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lotta E. Riefner

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John King

(Address) 129 N Baxter St.

Filed 4/18 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 16 1908 to April 17 1908

that I last saw her alive on April 16 1908,

and that death occurred, on the date stated above, at 5½ A. M. The CAUSE OF DEATH was as follows:

Congenital malformation
Bile Duct

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Fred'k L. Wilson M. D.

April 17 1908 (Address) 2428 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	April 18 1908
UNDERTAKER	ADDRESS
Wendell Dippel Co	330 S Bond

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C11447

CERTIFICATE OF DEATH.

C11447

Registered No. B 28

City of Baltimore, (No. 1751 E Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Earl W A Thorne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: ..... years, 18 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John R Thorne

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Margret Holters.

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Thorne

(Address) 1751 E Pratt.

Filed 4/18 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to April 17 1908 that I last saw h im alive on April 16 1908, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis Meningitis

(DURATION) 14 DAYS

Contributory Convulsions

(DURATION) 4 DAYS

(Signed) W O Ventrees M. D.

April 18 1908 (Address) 1168 Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 4 19 1908

UNDERTAKER: Wendell Dippel Sr.

ADDRESS: 320 S. Bond

WM. J. C. DULANY CO., BALTIMORE.

3

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Somerset St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Markert

{ Residence, if in Baltimore, Give Street and Number. } 1112 Somerset St.

C11448

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan. 3rd. 1825

AGE: 83 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Catherine Gordecker.

(Address) 1112 Somerset St.

Filed 4/18 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16 - 1908

I HEREBY CERTIFY, That I attended deceased from April 9 - 1908 to April 16 - 1908 that I last saw h.im alive on April 9 - 1908, and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arterial sclerosis

Several years (DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline St.

Date April 17 - 1908

Place of Burial Holy Redeemer Cemetery

Date April 20 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 411 Sanders. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriett Hilleard Mills

{ Residence, if in Baltimore, Give Street and Number. } 411 Sanders St

C1149

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Feb 13th 1878

AGE 10 years, 2 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph E Mills

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Ellen Jane Barnett

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph E. Mills

(Address) 411 Sanders St

Filed 4/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th. 1908

I HEREBY CERTIFY, That I attended deceased from Apr 13 1908 to Apr 17th 1908 that I last saw him alive on Apr 17th 1908, and that death occurred, on the date stated above, at 9:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 1 DAYS

Contributory (Primary.) Acute Brights Disease

(DURATION) 4 DAYS

(Signed) J. D. Buxton M.D.

Address 222. East Cross St

Date April 17th 1908

Place of Burial Cedar Hill Cemetery

Date Apr 18 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Inf. Asylum

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

92

Full Name Dennis Kennick.

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf Asylum

Duration of Residence in Baltimore. Fortune

C 11450

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Oct 11 1907

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dennis Kennick

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 4/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 17 1908

I HEREBY CERTIFY, That I attended deceased from Apr 6 1908 to Apr 17 1908

that I last saw h alive on Apr 16 1908

and that death occurred, on the date stated above, at h.....m. CAUSE OF DEATH (Secondary or Immediate

Bronchopneumonia

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E O Haywood M.D.

Address 1238 N Carrollton

Date 4-17 1908

Place of Burial New Cathedral

Date Apr 18 1908

Undertaker Robt J Turner

Address 1442 N Gilmor

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 212 S Patterson Park Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Gephardt

{ Residence, if in Baltimore, Give Street and Number. } 212 S Patterson Park Av

Duration of Residence in Baltimore. 46 Jean C11451

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cigar Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sophia Gephardt

(Address) 212 S Patterson Park Av

Filed 4/18 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17. 1908.

I HEREBY CERTIFY, That I attended deceased from January 15 1906 to April 17 1908 that I last saw h im alive on April 16 1908, and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma. (One week)

Valvular Heart Disease

3 years.

(DURATION) DAYS

Contributory (Primary.) Interstitial Nephritis

Probably five years (DURATION) DAYS

(Signed) W. E. Sandrock M.D.

Address 1242 N. Broadway

Date April 18. 1908

Place of Burial Loudon Park Cem

Date April 20th 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 444 East 22nd St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Margaret A Trageser

{ *Residence, if in Baltimore, Give Street and Number.* } 444 east 22nd St

C 11452

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 1833

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Constantia Heine

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emmi Trageser

(Address) 444 E 22nd St.

Filed 4/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 17th 1908

I HEREBY CERTIFY, That I attended deceased from April 17 1908 to April 17 1908

that I last saw h alive on April 17 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

Old age

(DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) Reginald J. Fourny M.D.

Address 2206 York Road

Date April 18 1908

Place of Burial Holy Redeemer

Date April 20 1908

Undertaker E A Weadefield

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

93

(Place of Death.) No. ~~Elsie Woodard~~ 1426 McElderry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elsie Woodard

{Residence, if in Baltimore, Give Street and Number.} 1426 McElderry St

Duration of Residence in Baltimore. Life Time C 11453

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colored

DATE OF BIRTH: Mar 25th 1906

AGE: 2 years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Bath City Md

FULL NAME OF FATHER: Richard Woodard

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Florence Chase

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Woodard

(Address) 1426 Mc Elderry St

Filed 4/18 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16th 1908

I HEREBY CERTIFY, That I attended deceased from April 10 1908 to April 16 1908

that I last saw her alive on April 16 1908,

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Contributory

b. Heart Exhaustion

(DURATION) 6 DAYS

Con'ributory (Primary) Heart

(DURATION) 6 DAYS

(Signed) W. H. Leonard M.D.

Address 708 N. Gay St

Date 4-17- 1908

Place of Burial Laurel Cemetery

Date Apr 18th 1908

Undertaker Chas G Bailey

Address 142 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

26

(Place of Death.) No. 1625 Presstman St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Henry Tinsley

{ Residence, if in Baltimore, Give Street and Number. } 1625 Presstman St

Duration of Residence in Baltimore. 29 years. C 11457

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH Oct 15 1871. ~~1870~~

AGE 36 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Westmoreland Co. Va.

FULL NAME OF FATHER Henry Tinsley

BIRTHPLACE OF FATHER (State or country) King & Queen Co. Virginia

MAIDEN NAME OF MOTHER Lucy Brayton

BIRTHPLACE OF MOTHER (State or country) Essex Co. Virginia

OCCUPATION OF DECEASED Repair Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Jennie V. Tinsley

(Address) 1625 Presstman St

Filed 4/18 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16. 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to April 16 1908 that I last saw him alive on April 15 1908 and that death occurred, on the date stated above, at 8.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia.

(DURATION) — DAYS

Contributory (Primary.) Laryngeal Tuberculosis —

(DURATION) DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date April 16. 1908

Place of Burial Cut Rose

Date April 18 1908

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1519 N Stricker St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary O'Brien

{ Residence, if in Baltimore, Give Street and Number. } 1519 N Stricker St

Duration of Residence in Baltimore 50 years

C 11455

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1833

AGE: 75 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Daily

(Address) 1509 N Stricker St

Filed 4/18 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16th 1908

I HEREBY CERTIFY, That I attended deceased from 1908 to 1908

that I last saw h[illegible] alive on 16 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) AC Polk M.D.

Address 2038 Madison Ave

Date April 18 1908

Place of Burial St. Peters Cem

Date April 20th 1908

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

15

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pearl Elanora Anderson

{ Residence, if in Baltimore, Give Street and Number. }

C 11456

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH March 10 1907

AGE ..... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas Anderson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asylum

(Address)

Filed 4/18 1908

HARRY C. ANDREWS, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1908

I HEREBY CERTIFY, That I attended deceased from April 10 1908 to April 14 1908

that I last saw her alive on 14 + 3 1908

and that death occurred, on the date stated above, at 7 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N. Carrollton

Date 4-15- 1908

Place of Burial Upper Falls Md

Date April 18 1908

Undertaker A. Tuney & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within eighteen hours after death, to the Health Officer or other person appointed for that purpose, the burial, a certificate

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1110 N. Calhoun. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Stewart

{Residence, if in Baltimore, Give Street and Number.} 1110 N. Calhoun St.

C 11457

Duration of Residence in Baltimore. all life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee

COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Brown

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Jane Boan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel E Stewart

(Address) 1110 N Calhoun st

Filed 4/18 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 16 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to April 16 1908

that I last saw h er alive on April 16 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure (DURATION) ..... DAYS

Contributory (Primary) Dysentery (frequent attacks) (DURATION) 3 DAYS

(Signed) Wm. K. Wright M.D.

Address 1373 N. Carey St

Date April 17, 1908.

Place of Burial Mt Auburn Cemetery

Date April 19 1908

Undertaker Geo H Hooper

Address Geo H Hooper

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1911 Gough St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard Depro Stigenwald

{Residence, if in Baltimore, Give Street and Number.} 1911 Gough St

C 11458

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 1st 1881

AGE: 27 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Conrad Stigenwald

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hannah Depro.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Collector.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Depro.

(Address) 1911 Gough St.

Filed 4/18 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th 1908

I HEREBY CERTIFY, That I attended deceased from April 11th 1908 to April 18th 1908

that I last saw h[illegible] alive on " 190

and that death occurred, on the date stated above, at 3.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) 6 DAYS

Contributory (Primary.) Same

(DURATION) DAYS

(Signed) Jacob L Demmert M.D.

Address 1735 Bank

Date April 17th 1908

Place of Burial Schwartz Cemetery

Date April 20th 1908

Undertaker Germanus France

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT CITY OF BALTIMORE

104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C11459

C11459

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 14 W 25th St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob E. Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb (Month) 17 (Day) 1852 (Year)

AGE: 56 years, 2 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wash Co. Md

FULL NAME OF FATHER: Jacob E Thomas

BIRTHPLACE OF FATHER (State or country): Wash Co Md

MAIDEN NAME OF MOTHER: Nancy Long Thomas

BIRTHPLACE OF MOTHER (State or country): Wash Co. Md

OCCUPATION OF DECEASED: Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E Thomas

(Address) 14 W 25th st

Filed 4/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 16 1908 to April 17 1908

that I last saw h im alive on April 17 1908,

and that death occurred, on the date stated above, at 10-30 a M. The CAUSE OF DEATH was as follows:

Acute Indigestion

(DURATION) 1 DAYS

Contributory Heart failure (DURATION) 1 Hour

(Signed) H. M. Fiser M. D.

April 17 1908 (Address) 12 E. 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Loudon Park Balto. Md

DATE OF BURIAL: April 20 1908

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette St

Interstate Wash. Co. Md.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SEC. SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1704, Wilkens Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Forrest

{ Residence, if in Baltimore, Give Street and Number. } 1704 Wilkens Ave

Duration of Residence in Baltimore. 38 years C11460

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: —

AGE: 71 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Washington DC.

FULL NAME OF FATHER: Wm Forrest.

BIRTHPLACE OF FATHER (State or country): Washington DC

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr E C Forrest

(Address) 318 S Norris St

Filed 4/18 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 16 — 1908

I HEREBY CERTIFY, That I attended deceased from Apl 8 — 1908 to Apl 16 1908 that I last saw h— alive on Apl 15 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Senile Degeneration

(DURATION) ? DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Wm Funck M.D.
DR. J. WM. FUNCK,
101 N. FULTON AVENUE.

Address BALTIMORE.

Date APR 17 1908 190—

Place of Burial Loudon Park Cemetery

Date Apr 19 — 190—

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

29

(Place of Death.) No. 503. Friendship St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis McCullough.

{Residence, if in Baltimore, Give Street and Number.} 503. Friendship St.

C 11461

Duration of Residence in Baltimore. 1 year.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: James H McCullough

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Slack

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth McCullough

(Address) 503 Friendship St

Filed 4/18 1908 HARRY J. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th, 1908.

I HEREBY CERTIFY, That I attended deceased from Apl 15 1908 to Apl 17, 1908

that I last saw her alive on Apl 17 1908,

and that death occurred, on the date stated above, at 5.45 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure.
from typhoid fever.
Chronic Tubercular Peritonitis
(tap-joint tuberculosis) (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Hugh Forsythe M.D.

Address 424 E. North Ave

Date April 17th, 1908

Place of Burial New Freedom Pa.

Date April 21 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 N. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Strehline

{ Residence, if in Baltimore, Give Street and Number. } 2115 N. Pratt

Duration of Residence in Baltimore. Lifetime C 11462

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1845 ~~1765~~

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Europe

FULL NAME OF FATHER Michael Lahr

BIRTHPLACE OF FATHER (State or country) Europe

MAIDEN NAME OF MOTHER Mary Heisler

BIRTHPLACE OF MOTHER (State or country) Europe

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roseanne Appleby

(Address) 2115 N Pratt

Filed 4/18" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th 1908

I HEREBY CERTIFY, That I attended deceased from April 5th 1908 to April 17th 1908 that I last saw her alive on April 17th 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 5 DAYS

Contributory (Primary.) Embolism, Cerebral (DURATION) 12 DAYS

(Signed) Johns. Kelly day M.D.

Address 714 Frederick ave

Date April 18th 1908

Place of Burial Loudon Park

Date April 21" 1908

Undertaker N. S. Fink

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C11463

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1103, Barclay St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith B Kapp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Dec (Month) 4 (Day) 1907 (Year)

AGE: 0 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edwin Kapp

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Garet

BIRTHPLACE OF MOTHER (State or country): S. C.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1113 Barclay St

Filed 4/18" 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 18 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 17 1908 to Apr 18 1908

that I last saw her alive on Apr 17 1908,

and that death occurred, on the date stated above, at 6.23 A. M. The CAUSE OF DEATH was as follows:

Acute indigestion

24 hours (DURATION) DAYS

Contributory —

(DURATION) DAYS

(Signed) G Lane Tanneyhill M. D.

Apr 18 1908 (Address) 1103 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: April 20 1908

UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 374 Colvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Keis

{ Residence, if in Baltimore, Give Street and Number. } 374 Colvin st.

C14464

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH Nov. 1st 1907

AGE — years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Ernest Keis

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary Horan

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Keis

(Address) 374 Colvin st.

Filed 4/18" 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17, 1908

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Internal Conditions

(DURATION) — DAYS

Contributory (Primary.) Teething

(DURATION) — DAYS

(Signed) Benj. DeHaven Coroner M.D.

Address 26 E. Caroline st

Date Apr. 18 1908

Place of Burial Holy Cross

Date April 19, 1908

Undertaker H. C. Widefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name*, **sex, age, condition** (whether married or single) of the person eased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Mounce.

{ Residence, if in Baltimore, Give Street and Number. } 713 Canton St.

Duration of Residence in Baltimore. L.

C11465

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elisha Morris

(Address) 713 Canton St.

Filed 4/18" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 18, 1908.

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to Apr. 18 1908

that I last saw her alive on Apr. 18, 1908,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Phlegmasia Alba Dolens Following Childbirth (DURATION) DAYS

Contributory (Primary.) Eyebrow (DURATION) DAYS

(Signed) H. W. Baker M.D.

Address Baltimore City Hospitals

Date Apr. 18, 1908. 1908

Place of Burial Mount Olivet Cem.

Date April 21 1908

Undertaker Louis Heeman

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie May Brough

{Residence, if in Baltimore, Give Street and Number.} 2907 Cedar Ave

Duration of Residence in Baltimore. all life

C 11466

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 30 1892

AGE: 16 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jacob Brough

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Annie May Elbaugh

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob B Brough

(Address) 2025 Cedar Ave

Filed 4/18 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 18 1908

I HEREBY CERTIFY, That I attended deceased from March 31 1908 to April 18 1908

that I last saw h[illegible] alive on April 18 1908,

and that death occurred, on the date stated above, at 12.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Acute Miliary Tuberculosis (DURATION) DAYS

(Signed) Arthur M. Murphy M.D.

Address University Hospital

Date 4/18 1908

Place of Burial New Freedom Pa

Date Apr 20 1908

Undertaker N S Marshall

Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 101 N. Exeter St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name abe Shulman

{*Residence, if in Baltimore, Give Street and Number.*} 101 N. Exeter st.

Duration of Residence in Baltimore. Life

C 11467

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~white~~ Male | COLOR White

DATE OF BIRTH April 18 1908

AGE 3 weeks

.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Hyman Shulman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Opfus

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Shulman

(Address) 101 N Exeter st

Filed 4/19 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1908

I HEREBY CERTIFY, That I attended deceased from April 18 1908 to April 18 1908 that I last saw h[illegible] alive on ' ' 1908, and that death occurred, on the date stated above, at 1 ? M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

3 days (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) A. J. Freedman M.D.

Address 918 E Fayette st

Date April 18 1908

Place of Burial Telma Boardale

Date April 19, 1908

Undertaker Max Levinson

Address 1620 N. Eldersley st

WM. J. C. DULANY CO., Baltimore.

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 R. Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John N. Lee

{Residence, if in Baltimore, Give Street and Number.} 226 R. Barney C 11468

Duration of Residence in Baltimore. 4 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 13 1819

AGE: 89 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John N. Lee

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lucy Flynn

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Lonsburys

(Address) 226 E Barney

Filed 4/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 18 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to April 18 1908

that I last saw him alive on April 17 1908,

and that death occurred, on the date stated above, at 6-10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Senile Debility (DURATION) Minute DAYS

(Signed) R E L Campbell M.D.

Address 1644 Hanover St,

Date April 18 1908

Place of Burial Port Republic Rockingham Co Va

Date Apr 20 1908

Undertaker W. J. Trekmen & Son

Address Camden & Baca

WM. J. C. DULANY CO., BALTIMORE

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1842 Lorman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas Garett

{ Residence, if in Baltimore, Give Street and Number. } 1842 Lorman St-

C 11469

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1904

AGE: 4 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Willie Garett

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Carlie Wells

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Dorsey

(Address) 1842 Lorman St-

Filed 4/19 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 17 1908 that I last saw h alive on April 17 1908, and that death occurred, on the date stated above, at 3.0 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 17 DAYS

Contributory (Primary.) asphyxia (DURATION) 1 DAYS

(Signed) T. E Dougherty M.D.

Address 1442 Presstman St.

Date April 18 1908

Place of Burial Mt Auburn

Date April 18th 19 1908

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 137 South Catherine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia A McGrath

{Residence, if in Baltimore, Give Street and Number.} 137 S. Catherine St

Duration of Residence in Baltimore, Life

C11470

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH March 2nd 1881

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Joseph B. Connaway

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Delia Welch

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. McGrath

(Address) 137 S Catherine

Filed 4/19 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to April 16 1908 that I last saw her alive on April 15 1908 and that death occurred, on the date stated above, at ——

CAUSE OF DEATH (Secondary or Immediate

Pul. Tuberculosis

(DURATION) 110 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) M. A. O'Neill M.D.

Address 1315 Hollins St

Date April 18 1908

Place of Burial Cedar Hill Cemetery

Date April 20 th 1908

Undertaker Daniel and M. J. Flynn

Address 42 E West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 W. Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marguerite Weiss

{ Residence, if in Baltimore, Give Street and Number. } 26 Pearl

C 11471

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Martin Weiss

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Helen Klein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Weiss

(Address) 26 W. Pearl St

Filed 4/19 1908

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1908

I HEREBY CERTIFY, That I attended deceased from April 18 1908 to April 19 1908 that I last saw h alive on April 18 1908. and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) V Van Williams M.D.

Address 601 N. Carrollton Ave

Date 190

Place of Burial Rosedale

Date April 19 1908

Undertaker Mrs Timm

Address 1120 Mc Elderry

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 N. Wolfe str. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Emory Montgomery

{ Residence, if in Baltimore, Give Street and Number. } 924 N. Wolfe str.

Duration of Residence in Baltimore. Since Birth. C11472

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 27th 1882

AGE 26 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER James E. Montgomery

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Emma S. Kidnor

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Wire Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Montgomery

(Address) 924 N Wolfe str

Filed 4/19" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17th 1908.

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1908 to April 17th 1908

that I last saw him alive on April 17th 1908

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 4 Months DAYS

(Signed) Hattie A. Meyer M.D.

Address 1021 N. Caroline str.

Date April 18th 1908.

Place of Burial Holy Redeemer.

Date April 20" 1908

Undertaker Geo. M. Frick

Address 811 N Wolfe str

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C11423 Registered No. B 45

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Julianna Lohr.

{ Residence, if in Baltimore, Give Street and Number. } Parkton Md.

Duration of Residence in Baltimore. Six Weeks.

C11423

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1841

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wdow

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased.

(Address) Parkton Md.

Filed 4/19" 1908

HARRY G. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 18 1908

I HEREBY CERTIFY, That I attended deceased from March 4 1908 to Apr 18 1908

that I last saw h-r alive on " " 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion "

(DURATION) DAYS

Con'ributory (Primary.) Carcinoma

Axilla (DURATION) DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Apr. 18 1908

Place of Burial Hampstead Md. Carroll Co

Date April 19th 1908.

Undertaker Wm. M. Gaulthrop

Address North & Lindenw Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Edward Stone

{ Residence, if in Baltimore, Give Street and Number. } St Elizabeths Home

C11474

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH March 20, 1907

AGE 1 years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Charles Stone

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Jennie Kilmore

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home.

Filed 4/19 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 17, 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 5 1908 to Apr. 17 1908 that I last saw him alive on Apr. 16 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 80 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Apr. 18, 1908

Place of Burial Cathedral Cemetery

Date April 20th 1908

Undertaker Felix B. Pope

Address 102 E. Mulberry Street

WM. J. C. DULANY CO., BALTIMORE.

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1370 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Barber

{Residence, if in Baltimore, Give Street and Number.} 1370 Whatcoat St.

B11475

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Mar 22 1859

AGE: 49 years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): St Mary Co. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): St Mary Co. Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): St. Mary Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Barber

(Address) 1370 Whatcoat St

Filed 4/20 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 17th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 10th 1908 to Apr 17th 1908

that I last saw him alive on Apr 16th 1908,

and that death occurred, on the date stated above, at 11.55 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pleuro Pneumonia (DURATION) 7 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Leuf M.D.

Address 1313 W. Baltimore St

Date Apr 17th 1908

Place of Burial St Peters

Date April 20 1908

Undertaker W. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

47

Place of Death.) No. 1122 Hollins St. If Death occurred in Hospital or Institution, Give its Name instead of Street and Number.

Full Name Amelia Snoops

{ Residence, if in Baltimore, Give Street and Number. } 1122 Hollins St C1147

Duration of Residence in Baltimore 27 years Snoops

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 31 1873

AGE: 34 years, 7 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Snoops

(Address) 1122 Hollins St.

Filed 4/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 18 1908

I HEREBY CERTIFY, That I attended deceased from Apr 9 1908 to Apr 18 1908

that I last saw her alive on Apr 18 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute rheumatism (Articular) following acute tonsillitis

(DURATION) 9 DAYS

Contributory (Primary.) Myocarditis

(DURATION) DAYS

(Signed) J. L. Conrad M.D.

Address 1302 W. Lombard St

Date April 18 1908

Place of Burial Loudon Park

Date April 20 1908

Undertaker Joseph B Cook

Address 1503 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C1477

(Place of Death.) No. Franklin Square Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev. DeWitt C. Foote

{ Residence, if in Baltimore, Give Street and Number. } 1126, N. Fulton Ave, Foote

Duration of Residence in Baltimore. Sixteen years,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH . 8 1827

AGE 81 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Retired Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E. Chandler

(Address) 533 N Stricker St

Filed 4/20 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 19th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 11 1908 to Apr 19 1908

that I last saw h[illegible] alive on Apr 18 1908,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Diarrhea,
Uremia,
General Debility,
Three Months (DURATION) DAYS

Contributory (Primary.) Few - Days

(DURATION) DAYS

Signed A. Mealon M.D.

Address 1602, Druid Ave

Date Apr. 19th 1908

Place of Burial Rochester N.Y.

Date April 21 1908

Undertaker Jas. B. Cook

Address 1003 W. Baltimore St.

WM. J. C. DULANY CO., Baltimore

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 N 1 Vincent St. St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Elizabeth Rolanes

{ Residence, if in Baltimore, Give Street and Number. } 1002 N 1 Vincent St.

C 11478

Duration of Residence in Baltimore. Entire life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: May 11, 1907

AGE: ..... years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: George Linden Rolanes

BIRTHPLACE OF FATHER (State or country): King & Queene County Virginia.

MAIDEN NAME OF MOTHER: Maggie Reed.

BIRTHPLACE OF MOTHER (State or country): Lancaster County, Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. George Rolanes

(Address) 1002 N 1 Vincent St -Cl

Filed 4/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1908 to Apr. 17, 1908 that I last saw her alive on Apr. 17, 1908, and that death occurred, on the date stated above, at 1.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia,
caused by a preceding
Bronchitis, with lack of care.

(DURATION) 5 DAYS

Con'tributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) E. S. Coster M.D.

Address 1041 N. Mount St.

Date Apr. 18, 1908

Place of Burial Mount Zion Cemetery.

Date Apr. 20, 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher & Calhoun Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C11479

City of Baltimore, (No. 529, S Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Godfrid Hecht

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: White

DATE OF BIRTH: Apr 7 1824 (Month) (Day) (Year)

AGE: 84 years, — months, 10 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): — Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Colonel Trader

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Stroke (wife)

(Address) 327 S. Smallwood st

Filed 4/20 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: APR 17 1908 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 2 1908 to — 190 on that I last saw h. ive alive on Apr 2 1908, and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Old age,

(DURATION) — DAYS

Contributory General asthenia

(DURATION) DAYS

(Signed) C Hale M. D.

Apr 17 1908 (Address) 730 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: April 20 1908

UNDERTAKER: E Schlosman & Son — ADDRESS: 1529 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **CAUSE and date of death.**

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1925 Eastern ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Stichel

{Residence, if in Baltimore, Give Street and Number.} 1925 Eastern ave

Duration of Residence in Baltimore. 25 years. C11480

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53. years, 9 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Otto Stichel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Stichel

(Address) 1925 Eastern ave

Filed 4/20 1908

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18. 1908

I HEREBY CERTIFY, That I attended deceased from March 14. 1908 to April 17. 1908 that I last saw ~~him~~ alive on April 17 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of the Heart

(DURATION) 6 hours

Contributory (Primary) Congestion of Lungs

(DURATION) 28 DAYS

(Signed) E. J. Pabst M.D.

Address Govt. Hospital for Insane

Date April 18. 08 1908

Place of Burial Lutheran Cemetery

Date Apr 21 at 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name James Callahan

{ Residence, if in Baltimore, Give Street and Number. } 602 N Calvert St

Duration of Residence in Baltimore. 77 yrs.

C 11481

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W.
DATE OF BIRTH	1
AGE	57 years — months — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Ireland.
FULL NAME OF FATHER	Dont no.
BIRTHPLACE OF FATHER (State or country)	Dont no
MAIDEN NAME OF MOTHER	Dont no
BIRTHPLACE OF MOTHER (State or country)	Dont no
OCCUPATION OF DECEASED	Club.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Callahan

(Address) 602 N. Calvert st

Filed 4/20 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 18 1908 that I last saw h in alive on April 18 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease —

(DURATION) — DAYS

Contributory (Primary) Exhaustion.

(DURATION) DAYS

(Signed) H H Eskew M.D.

Address Balt City Hy.

Date April 18 1908

Place of Burial St Mary Cemetery Govans

Date April 21 1908

Undertaker Wm. Cook.

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2019 N. Pulaski St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter A. Gray

{Residence, if in Baltimore, Give Street and Number.} 2019 N. Pulaski

Duration of Residence in Baltimore. Life

C 11482

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm E. Gray

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ellen A. Schaffer

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Paperhanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E. Gray

(Address) 2019 N. Pulaski

Filed 4/20 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 18 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 17 1908 that I last saw h~~im~~ alive on April 17 1908, and that death occurred, on the date stated above, at 4 P.M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E Emile Wheeler M.D.

Address 212 W Mulberry

Date April 18 1908

Place of Burial Balto Cem

Date Apr 20/08 190

Undertaker Wm Cook

Address 5026 Harford

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1151. N. Stricker St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Magners.

{ Residence, if in Baltimore, Give Street and Number. } 1151. N. Stricker.

Duration of Residence in Baltimore. 10 years

C 11483

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Mch 6 1835

AGE: 73 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: John Price.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margaret Corbin.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Price.

(Address) 1151. N. Stricker St

Filed 4/21 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 19th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to Apr 19 1908

that I last saw her alive on Apr 19 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Information of add age

(DURATION) ..... DAYS

Contributory (Primary.)

Heart Failure (DURATION) ..... DAYS

(Signed) Howard C. Silver M.D.

Address 1914 Bolton St.

Date Apr. 19th 1908

Place of Burial Oppha Harford Co Md

Date Apr. 22/08 190 ....

Undertaker Wm Cook

Address 602 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Williams

{Residence, if in Baltimore, Give Street and Number.} 517 Jefferson St. cr.

C 11484

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	Col.

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/20 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1908 to April 17 1908

that I last saw h~~im~~ alive on April 17 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Tuberculosis Peritonitis

(DURATION) DAYS

(Signed) W. H. P. Bay M.D.

Address Bay View

Date April 17 1908

Place of Burial Sacred Heart

Date Apr 20 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1011 Salisbury St.

C11485

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/21 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18. 1908

I HEREBY CERTIFY, That I attended deceased from Oct 4. 1907 to April. 18 1908

that I last saw h~~im~~ alive on April. 18 1908,

and that death occurred, on the date stated above, at 2 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date April. 19 1908

Place of Burial Sacred Heart

Date Apl 20 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Tobin

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Four Months

C 11486

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 4/20 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1908

I HEREBY CERTIFY, That I attended deceased from March 28 1908 to April 19 1908 that I last saw h im alive on April 19 1908, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date April 19 1908

Place of Burial Sacred Heart

Date Apl 20 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 Harlem Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susanna Grow Hissey

{ Residence, if in Baltimore, Give Street and Number. } 1615 Harlem Ave

C 1148

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER Josias Grow

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Butler

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. T. Blandin

Address 1610 Harlem Ave

Filed 4/20 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18th 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to April 18 1908

that I last saw h[illegible] alive on April 18 1908,

and that death occurred, on the date stated above, at 5 M. CAUSE OF DEATH (Secondary or Immediate)

Was the result

of Pneumonia

a few (DURATION) DAYS

Contributory (Primary) Arthritis

(DURATION) DAYS

(Signed) P L Davis M.D.

Address 900 N Fulton Ave

Date April 19 1908

Place of Burial Mt Carmel Cem

Date April 20 1908

Undertaker W. F. Turnbaugh & Son

Address Carlton & Lee

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Long

{Residence, if in Baltimore, Give Street and Number.} 25 N. Vincent

Duration of Residence in Baltimore. Life

C11488

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/20 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 20 DAYS

Contributory (Primary) Cold

(DURATION) DAYS

(Signed) Bruce Jones M.D.

Address Towson Md

Date April 16 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 16 1908 190 .....

Undertaker

Address

Commissioner of Health
Per Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

7 4

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 538 Union St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Jackson.

{Residence, if in Baltimore, Give Street and Number.} 538 Union St. C11489

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH April 4th 1904 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) County

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER May Jackson

BIRTHPLACE OF MOTHER (State or country) County

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 16, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 13 1908 to Apr. 15 1908 that I last saw h-- alive on Apr 15 1908 and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Ralph G. Schmidt M.D.

Address 424 East 23 St.

Date Apr. 16 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 16 1908 1908

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 Jasper St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Olivia Johnson

{Residence, if in Baltimore, Give Street and Number.} 205 Jasper St

Duration of Residence in Baltimore. Life

C 11490

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE ..... years, ... months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 16 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. H. Carmichael M.D.

Address Coroners Office

Date Apr 16 — 1908

Place of Burial JOHNS HOPKINS HOSP

Date APR 18 1908 190 ....

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address .....

Johns Hopkins Hospital

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

80

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. Johnson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C1149

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday

(Address) BAY VIEW ASYLUM. Balt

Filed 4/20 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 15th 1908

I HEREBY CERTIFY, That I attended deceased from March 26 1908 to April 15 1908 that I last saw h alive on April 15 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy

(DURATION) DAYS

Contributory (Primary.)* Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date April. 16 1908

Place of Burial JOHNS HOPKINS HOSPITAL.

Date June 18 1908

Undertaker Geo Thornburg

Address 1805 Hope St

FOR ANATOMICAL PURPOSES.

8'

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. 34 Morley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelius W. Burness

{ Residence, if in Baltimore, Give Street and Number. } 34 Morley St

Duration of Residence in Baltimore. life

C 11492

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH January 1, 1855

AGE 53. years, 3. months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Leathertanner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. C. Burness

(Address) 34 Morley St.

Filed 4/20 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18, 1908

I HEREBY CERTIFY, That I attended deceased from April 3 1908 to April 18 1908

that I last saw him alive on April 17 1908,

and that death occurred, on the date stated above, at 8.15 A. M. CAUSE OF DEATH (Secondary or Immediate

~~Hemiplegia~~
Lobar Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 15 Yrs.

(Signed) M. A. Theile M.D.

Address 1315 Hollins St

Date April 18 1908

Place of Burial Loudon Park Cem.

Date April 20th 1908

Undertaker C. W. Dill ✓

Address 810 Fredk. ave. ext.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Hannah Neimeyer

{ Residence, if in Baltimore, Give Street and Number. } 448 S. Forest St

C11493

Duration of Residence in Baltimore. 76 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1831

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. A. H. Krause

(Address) Church Home & Infirmary

Filed 4/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 19 1908

I HEREBY CERTIFY, That I attended deceased from February 29 1908 to April 19 1908 that I last saw her alive on April 18 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile debility

(DURATION) ..... DAYS

Contributory (Primary) Arthritis deformans

(DURATION) 5 years ~~DAYS~~

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date April 19 1908

Place of Burial Balto Cemetery

Date April 22nd 1908

Undertaker John F. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Charles Everett

{ Residence, if in Baltimore, Give Street and Number. } 311 S. Chapel St.

C 11494

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 28 th 1907

AGE: ..... years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Wm Everett

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Pentz.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Everett

(Address) 311 S. Chapel St.

Filed 4/20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 = 1908

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h~ alive on 190

and that death occurred, on the date stated above, at 11 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Inal Intuition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler M.D.

Address 320 N Greene St

Date April 19 = 1908

Place of Burial St Alphonsus Cemetery

Date April 20 th 1908

Undertaker Germanus France

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name**, sex, color, and the **cause and date of death**. d, and the **condition** (whether married or single) of the

CERTIFICATE OF DEATH. C11495 91

(Place of Death.) No. 422 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia A. Meredith

{Residence, if in Baltimore, Give Street and Number.} 422 W. Hamburg St

Duration of Residence in Baltimore. Life

C11495

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colored

DATE OF BIRTH: 1

AGE: 54 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Meredith

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Fowler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexandrew Wheeler

(Address) 422 W. Hamburgh St

Filed 4/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 17 1908

that I last saw h alive on April 17 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 17 DAYS

Contributory (Primary) Pneumonia

(DURATION) 17 DAYS

(Signed) A. Thomas M.D.

Address 712 S. Stricker St

Date April 19 1908

Place of Burial Mt. Auburn Cem.

Date April 20, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

...CITY OF BALTIMORE. 3X1496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. Bider's Oman Sanatorium Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mr. Louis Bennett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) (Day) 1838 (Year)

AGE: 69 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): France

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: Salon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louis L. Bennett

(Address) 511 N. Paca

Filed

..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 4/16 1908 to 4/19 1908

that I last saw him alive on 4/19 1908,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Cerebral Effusion

(DURATION) 4 DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) J. W. Dellis, M. D.

4/19 1908 (Address) 220 N. Chas.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 511 N. Parker St. How long at Place of Death? 3 Days

Where was disease contracted, if not at place of death? Home.

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Apr 21 1908

UNDERTAKER: F. A. Krause & Bro

ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE

...racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***...nty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the
uty of the Physician who attende
, to furnish within **eighteen hours**
r forth, as far as the same can be
ed, and the **cause and date of d**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Ashburner

Full Name Mary A. Keighler

{ *Residence, if in Baltimore, Give Street and Number.* } 217 W. Lanvale St.

C11497

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	*MEDICAL CERTIFICATE OF DEATH*
SEX: Female / COLOR: White	DATE OF DEATH: April 19, 1908
DATE OF BIRTH: August 11th 1836	I HEREBY CERTIFY, That I attended deceased from April 13, 1908 to April 19, 1908
AGE: 71 years, 8 months, 8 days	that I last saw her alive on April 19, 1908,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	and that death occurred, on the date stated above, at 3.30 P. M.
BIRTHPLACE (State or country): Baltimore, Md	CAUSE OF DEATH (Secondary or Immediate): Pneumonia (upper middle lobes R. lung)
FULL NAME OF FATHER: William Henry Reighler	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country): Baltimore	Contributory (Primary.) Pneumonia
MAIDEN NAME OF MOTHER: Elizabeth Lothrop Cross	(DURATION) 12 DAYS
BIRTHPLACE OF MOTHER (State or country): Rhode Island	(Signed) Virginia Booth, Jr. M.D.
OCCUPATION OF DECEASED	Address: Union Protestant Infy
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date: April 19, 1908
(Informant) Selina Keighler	Place of Burial: Greenmount Cem
(Address) 217 W. Lanvale St	Date: April 21st 1908
Filed 4/20 1908 HARRY O. ANDREWS PERMIT CLERK Registrar	Undertaker: Newfeldt & Son Co
	Address: 1300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

C11498

Registered No. B.....

City of Baltimore, (No. 1511, N. Fauvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: ✓ (Month) 1 (Day) ✓ Year)

AGE: 69 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Johnson.

(Address) 522 N. Mount St.

Filed 4/20 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: APR 17 1908 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 18 1908 to Apr 17 1908 that I last saw h r alive on Apr 17 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Cancer of liver

(DURATION) 7 DAYS

Contributory General Prostration

(DURATION) 10 DAYS

(Signed) J. T. Cole M. D.

Apr 17 1908 (Address) 736 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Druid Park Cemetery — DATE OF BURIAL: Apr. 20 1908

UNDERTAKER: Wm A. Rohde & Son — ADDRESS: 730 Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

rom Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

ON 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of ian who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***ur hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same rtained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ... orth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ..., and the **cause and date of death.**

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 1528 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick A. Fadum

{Residence, if in Baltimore, Give Street and Number.} 1528 Hollins St

Duration of Residence in Baltimore. Life C11499

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: July 21 1900

AGE: 7 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frederick Fadum

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Louisa Albrecht

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Son

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Louisa Fadum

(Address) 1528 Hollins St

Filed 4/20 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

accidentally Kerosene Coal oil Stove caught fire to his Clothing burning Face Lower Part of Body Scorched (DURATION) 1 Hrs

Pneumonia (Primary) 1908 he died at 6 P.M. from the (DURATION) 11 Hrs

(Signed) C. Irving Jones M.D.

Address Coroner

Date April 19 1908

Place of Burial Druid Hill Park Cemetery

Date April 20 1908

Undertaker Mrs A. Rohde & Son

Address 720 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

s from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

TION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same scertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

92

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11500

City of Baltimore, (No. 915, W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Considine

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Oct. (Month) 21st (Day) 1865 (Year)

AGE 42 years, 5 months, 18 days

SINGLE, ~~MARRIED WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Michael Considine

BIRTHPLACE OF FATHER (State or country) Limerick, Ireland.

MAIDEN NAME OF MOTHER Catherine Bruggy.

BIRTHPLACE OF MOTHER (State or country) Co. Clare Ireland

OCCUPATION OF DECEASED Genl House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary D. Gallagher

(Address) 915 W. Fayette St

Filed 4/20 1908

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 16th 1908 to Apr 18th 1908

that I last saw h~~er~~ alive on April 18 1908

and that death occurred, on the date stated above, at 11.52 A. M. The CAUSE OF DEATH was as follows:

Lobular Pneumonia

4 Weeks (DURATION) 5 DAYS

Contributory Lobular Pneumonia (DURATION) 5 DAYS

4 Weeks

(Signed) William Buddeke M. D.

Apr. 19th 1908 (Address) 914 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters

DATE OF BURIAL April 21 1908

UNDERTAKER John J Moran

ADDRESS Bank & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate to be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

155

(Place of Death.) No. St Lukes Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name, Thomas Williams

{ Residence, if in Baltimore, Give Street and Number. } 422 Hickory Ave

C 11501

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 14 1860

AGE: 47 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt Co

FULL NAME OF FATHER: Thomas Williams

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Sophia Smith

BIRTHPLACE OF MOTHER (State or country): Frederick Co

OCCUPATION OF DECEASED: Hunter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Williams

(Address) 422 Hickory Ave

Filed 4/20 1908

HARRY C. ANDREWS?
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19th 1908

I HEREBY CERTIFY, That I attended deceased from as known 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Laudanum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Ichhart M.D.
coroner

Address 211 W. Lanvale

Date 4. 19. 1908

Place of Burial St Mary's

Date Apr 22 1908

Undertaker C. J. Marshall

Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

..., CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11502

Registered No. B.....

City of Baltimore, (No. 1066 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis J. Hammerbacher

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April (Month) 2 (Day) 1908 (Year)

AGE ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED .....

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Christopher Hammerbacher

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Kate McMahon

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christopher Hammerbacher

(Address) 1066 W Fayette St

Filed 4/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 19 1908 that I last saw h-r alive on April 19 1908, and that death occurred, on the date stated above, at 2.29 A.M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 1 DAYS

Contributory Mastitis

(DURATION) 4 DAYS

(Signed) H. H. Tanner M. D.

April 20 1908 (Address) 317 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Pleasant County | DATE OF BURIAL April 20 1908

UNDERTAKER J. Ahrens & Co | ADDRESS 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

...MENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

CERTIFICATE OF DEATH.

City of Baltimore, (No. 1615 Harmon St.; 23 Ward.) Registered No. B C11503

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME B. Virginia Harrison.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 23 November (Month) (Day) 1907 (Year)

AGE: ... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Steven G Harrison

BIRTHPLACE OF FATHER (State or country): Carvert Co.

MAIDEN NAME OF MOTHER: Margret V. Hutchins

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Margret V. Harrison

Address: 1615 Harmon St.

Filed 4/20 190 5

PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 7 1908 to Apr 19 1908 that I last saw her alive on Apr 16 1908, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH was as follows:

Bronchitis (1) Bronchial Consumption

Contributory Congenital Debility (DURATION) ? DAYS

(Signed) Jno. F. McDonald M. D.

4/19 1908 (Address) 1305 Linden Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: April 20 1908

UNDERTAKER: Stan E Evans — ADDRESS: 1428 E Chas St

...racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***...nty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 1388 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James F. Thomas

{ *Residence, if in Baltimore, Give Street and Number.* } 1388 Stockton St

Duration of Residence in Baltimore. 15 yrs

C 11504

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Marys Co

FULL NAME OF FATHER Wm Thomas

BIRTHPLACE OF FATHER (State or country) St Marys Co

MAIDEN NAME OF MOTHER Henrietta Tarr

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martha Thomas

(Address) 1388 Stockton St

Filed 4/20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1908

I HEREBY CERTIFY, That I attended deceased from April 19 1908 to April 20 1908 that I last saw h[illegible] alive on April 19 1908 and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma (DURATION) 1 DAYS

Con'ributory (Primary) Arteric-Sclerosis (DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date April 20 1908

Place of Burial St Peters

Date April 22 nd 1908

Undertaker Edward C Wright

Address 1364 N Carey St

WM. J. C. DULANY CO., Baltimore

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2239 E. Baxter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha E Schmidt

{Residence, if in Baltimore, Give Street and Number.} 2239 E Baxter

Duration of Residence in Baltimore. 40 yrs — C11505

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 10 1842

AGE 65 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Schmidt

(Address) 1120 East Ave.

Filed 4/20 1905 HENRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 — 1905

I HEREBY CERTIFY, That I attended deceased from Feb — 1905 to April 17 1905 that I last saw h— alive on " 17 1905, and that death occurred, on the date stated above, at 11.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

2 mos. (DURATION) DAYS

Contributory (Primary.) Coma —

1 wk — (DURATION) DAYS

(Signed) J A Myers M.D.

Address 125 S Bdwy

Date April 18 1905

Place of Burial St Pauls Cemetery

Date April 20— 1905

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his o furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate orth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person , and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 414 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Veronica Hohman

{ Residence, if in Baltimore, Give Street and Number. } 414 N. Chapel st

C 11506

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH Jan. 11 1825

AGE 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Wolf

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Theresa Grosman

(Address) 414 N. Chapel st.

Filed 4/20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 18 1908

I HEREBY CERTIFY, That I attended deceased from April 10 1905 to Apr 18 1908

that I last saw her alive on Apr 17 1908

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

(DURATION) 8 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) G. C. Gladis M.D.

Address 143 N. Eutaw

Date 190

Place of Burial Holy Redeemer

Date April 21 1908

Undertaker J. J. Kern

Address 1914 E. Lafayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ...to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ...forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...d, and the **cause and date of death.**

CERTIFICATE OF DEATH. C 11507 66

(Place of Death.) No. 320 Girard ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

C 11507

Full Name Jennie Scott. (col.)

{Residence, if in Baltimore, Give Street and Number.} 320 Girard Ave

Duration of Residence in Baltimore. about (7) Seven years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Hartford Co Md

FULL NAME OF FATHER Wm. T. Fisher

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary L. Moore.

BIRTHPLACE OF MOTHER (State or country) Balto Co Md.

OCCUPATION OF DECEASED Maid Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annat E. Riley

(Address) 320 Girard Ave

Filed 4/20 1908

HARRY C. J. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14th 1907 to April 14 1908 that I last saw h[illegible] alive on April 14 1908, and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Exhaustion

Heart failure

7 mos. (DURATION) DAYS

Contributory (Primary) Paralysis.

6 years (DURATION) DAYS

(Signed) John A. Cornman M.D.

Address 1510 Guilford Ave

Date April 18th 1908

Place of Burial Fallston Md

Date April 21 1908

Undertaker Ruckert

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his to furnish within *eighteen hours after death,* to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person ed, and the *cause and date of death.*

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 824 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William F. Wiesner

{ Residence, if in Baltimore, Give Street and Number. } 824 S. Sharp St

C 11508

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 6th 1874

AGE 34 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Eberhardt Wiesner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Regina Lessner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eberhardt Wiesner

(Address) 824 S. Sharp St.

Filed 4/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 3 1908 to Apr. 20 1908

that I last saw h[illegible] alive on Apr. 17 1908,

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) DAYS

Contributory (Primary.) General Tuberculosis (DURATION) DAYS

(Signed) G. Lathrop Smith M.D.

Address 7032 N. Charles

Date Apr. 20 1908

Place of Burial Western Cemetery

Date April 22nd 1908

Undertaker Mr & Mrs John H. Tuepel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

...m Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall ...n who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to f... ***hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ...ained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11509

Registered No. B 93

City of Baltimore, (No. 711 ; Robarg St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sadonia Welbourn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Dark

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 49 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas Johnson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Charlotte Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfreda Freman

(Address) 711 Raborg St.

Filed 4/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 15 1908 to Apr 18 1908 that I last saw her alive on Apr 18 1908, and that death occurred, on the date stated above, at 7.20 a. m. The CAUSE OF DEATH was as follows:

D
Pneumonia

(DURATION) 4 DAYS

Contributory —

(DURATION) — DAYS

(Signed) J. Lyle Smith M. D.

Apr 21 1908 (Address) 917 N. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Apr 21 1908

UNDERTAKER: Alex Hamaly — ADDRESS: 578 W. Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Young

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Lifetime C 11510

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 17th 1869

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis Young

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Confectioner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address) BAY VIEW ASYLUM

Filed 4/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 19 - 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 16 1908 to Apr. 19 1908 that I last saw h.im alive on Apr. 19 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary ~~tuberculosis~~. (DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View Ba. Bay.

Date Apr. 19 1908

Place of Burial London Park

Date Apr 21 1908

Undertaker Geo J. Smith & Co

Address 1000 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***enty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...PARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C1511

City of Baltimore, (No. 1623 Hopkins Ave St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Rein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 14 (Day) 1908 (Year)

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jesse P. Rein

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary B. Cullmond

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse P. Rein

(Address) 1623 E Hopkins ave

Filed 4/20 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 19 1908

that I last saw him alive on April 19 1908,

and that death occurred, on the date stated above, at 2-0 A. M. The CAUSE OF DEATH was as follows:

Hemiplegia Fever (?)

Cerebral Compression (?)

(Instrumental Delivery) (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) W. T. Riley M. D.

April 20. 1908 (Address) 1638 Bun

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: April 21 1908

UNDERTAKER: George J. Smith Co

ADDRESS: 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B C11512

City of Baltimore, (No. 1630, Mulberry St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Wesley Towson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 14 1843 (Month) (Day) (Year)

AGE: 65 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Edward Towson

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Catherine Morgan

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elizabeth Towson

(Address) 1630 E. Mulberry st

Filed 4/20 1908 HARRY O. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 19 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 13 1908 to Apr 19 1908 that I last saw h[illegible] alive on Apr. 19 1908, and that death occurred, on the date stated above, at 11.25 A.M. The CAUSE OF DEATH was as follows:

Intestinal Obstruction

(DURATION) 7 DAYS

Contributory Adeno-carcinoma of Hepatic Flexure (DURATION) — DAYS

(Signed) J. N. Cannon M.D.

Apr. 20 1908 (Address) 401 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
National Cemetery	Apr 21 1908
UNDERTAKER	ADDRESS
Geo. J. Smith Co	Fayette st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

30

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. Ames

{Residence, if in Baltimore, Give Street and Number.} Lorraine, Ohio

C11513

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: R.R. Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/21" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 19 1908

I HEREBY CERTIFY, That I attended deceased from Mar 31 1908 to Apr 19 1908

that I last saw h... alive on Apr 19 1908,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis

(DURATION) 4 weeks DATE

Contributory (Primary) Pott's Spinal Disease (DURATION) 8 mos. DATE

(Signed) Geo. H. Hughes M.D.

Address St. Josephs Hospital

Date Apr. 20 1908

Place of Burial Lorain Ohio

Date April 20 1908

Undertaker Wm. Tuthill Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death**.

Registered No. B

47

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Arthur Scott

{Residence, if in Baltimore, Give Street and Number.} Laurel, Md

C 11514

Duration of Residence in Baltimore..

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 9 1895

AGE: 13 years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Scott

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Cassie Scaggs

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Scott

(Address) Laurel Maryland

Filed 4/21 "08

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 20 1905

I HEREBY CERTIFY, That I attended deceased from April 17 1905 to April 20 1905 that I last saw him alive on April 20 1905 and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate

Endocarditis

(DURATION) — DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Arthur W Thurlby M.D.

Address University Hospital

Date April 20 1905

Place of Burial Laurel Md

Date April 20 1905

Undertaker Chas F. Evans

Address 118 N. Mt Royal

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate , as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 108 S. Arlington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Mahony

{ Residence, if in Baltimore, Give Street and Number. } 108 S. Arlington Ave.

Duration of Residence in Baltimore. 38 years

31

C11515

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Co. Kerry Ireland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Maria C Mahony

(Address) 108 S. Arlington Ave

Filed 4/21 1908

HARRY C. ANDREAS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 18 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1907 to April 18 1908

that I last saw h— alive on April 17 1908

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Carcinoma of Rectum

4 months (DURATION) ..... DAYS

Contributory (Primary.) Heart Disease

..... (DURATION) ..... DAYS

(Signed) J. E. Bound M.D.

Address 1309 W. Lombard St

Date Apr. 18 1908

Place of Burial Bonnie Brae

Date 4/21 1908

Undertaker Wm J Schillen

Address 98 S. Poplar Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

50

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Kohlerman

{ Residence, if in Baltimore, Give Street and Number. } 329 N Eutaw St.

C11516

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 12/13/1845

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Geisa (Germany

FULL NAME OF FATHER: Ferdinand Kiel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hair Dresser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mr Chas Kohlerman

Address: 329 N Eutaw St

Filed 4/21 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 19th 1908

I HEREBY CERTIFY, That I attended deceased from April 13th 1908 to April 19th 1908 that I last saw h[er] alive on April 19th 1908, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes mellitus

(DURATION) 7 years

Contributory (Primary) Diacetic Acid poisoning (DURATION) 6 DAYS

(Signed) H E Rightsell M.D.

Address St Joseph's German

Date April 19th 1908.

Place of Burial New Cathedral

Date 4/23/08 190

Undertaker Wm J Schilling

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 313 Centre St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Neary

{Residence, if in Baltimore, Give Street and Number.} 1031, Gulford Ave.

Duration of Residence in Baltimore. Lifetime

C11517

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Feb. 7 — 1877

AGE: 31 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto, Md.

FULL NAME OF FATHER: Michael J. Neary

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarah Kane

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Neary

(Address) 1031 Gulford ave.

Filed 4/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 18 1908

I HEREBY CERTIFY, That I attended deceased from ~~[illegible]~~ 190 to Apr 18 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 9.40 P. M.; CAUSE OF DEATH (Secondary or Immediate)

Shock from intestinal shot wound through hip & bowel (accidental)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 E. Lombard Coroner

Date Apr. 23 1908.

Place of Burial Holy Cross Cemetery

Date April 25, 1908

Undertaker Henry W. Means & Son.

Address 865 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C11518

(Place of Death.) No. 752 W German St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther Nord.

{ *Residence, if in Baltimore, Give Street and Number.* } 752 W German St

C11518

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Oct. 5 — 1907

AGE: ..... years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Marcus Nord.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Sarah Levinson

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marcus Nord.

(Address) 752 W German St.

Filed

4/21 1908 HARRY G. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 20 1908

I HEREBY CERTIFY, That I attended deceased from Apr 17 1908 to Apr 20 1908

that I last saw her alive on Apr 20 1908

and that death occurred, on the date stated above, at One P. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) ..... DAYS

Contributory (Primary.)

Bronchs Pneumonia (DURATION) 2. DAYS

(Signed) M Adelsberg M.D.

Address 772 W Fayette St.

Date Apr — 20 — 1908

Place of Burial Herring Run Phila Pa.

Date April 21 1908

Undertaker Max Lapin

Address 1220 N Eden St

WM. J. C. DULANY CO., Baltimore.

Registered No. B [illegible]

CERTIFICATE OF DEATH.

82

Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Karloff

{ Residence, if in Baltimore, Give Street and Number. } 1417 Bank St

Duration of Residence in Baltimore. 7.

C11519

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	W

DATE OF BIRTH ..... 1.....

AGE 16 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Harry Karloff

BIRTHPLACE OF FATHER (State or country) ~~Russia~~

MAIDEN NAME OF MOTHER Annie Segal

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Karloff

(Address) 1417 Bank St

Filed 4/21 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1908

I HEREBY CERTIFY, That I attended deceased from April 13 1908 to April 20 1908

that I last saw h er alive on April 20 1908,

and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Hypostatic congestion of lungs

..... (DURATION) ..... DAYS

(Signed) Blo Roberts M.D.

Address University Hospital

Date 4/20/08 1908

Place of Burial Hebrew Rockdale

Date April 21 1908

Undertaker Max Levin

Address 620 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 617 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Polk

{Residence, if in Baltimore, Give Street and Number.} 617 W. Saratoga St

Duration of Residence in Baltimore. Life time

C 11520

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 9th March 1908

AGE — years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John W. Polk

BIRTHPLACE OF FATHER (State or country) U. S. A. Md

MAIDEN NAME OF MOTHER Katie Thomas

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John W. Polk

(Address) 617 W. Saratoga St.

Filed 4/21 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 20th 1908

I HEREBY CERTIFY, That I attended deceased from Apl 20th 1908 to Apl 20th 1908

that I last saw her alive on Apl 20th 1908

and that death occurred, on the date stated above, at 12 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 2 DAYS

Contributory (Primary.) Cardiac Weakness (DURATION) 2 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1306 W. North Ave

Date Balto Apl 20th 1908.

Place of Burial Mt Auburn

Date April 21 — 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate r forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 813 Harford Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Theodosia Collier.

{ *Residence, if in Baltimore, Give Street and Number.* } 813 Harford Ave

Duration of Residence in Baltimore. Life. C1521

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 25 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baele Md

FULL NAME OF FATHER John H. Hedrick

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Collyer

(Address) 813 Harford Ave

Filed 4/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 20 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred on the date stated above, at 10½

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners Office

Date Apr 20—08 190

Place of Burial Laurel

Date April 21 190 8

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11522

City of Baltimore, (No. 215, N. Bethel St, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Hammond

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James Howard

(Address) 213-A Bethel

Filed 4/21 1908 HARRY C. ANDREWS, PERRITT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 12 1908 to Apr 18 1908 that I last saw h[illegible] alive on Apr 18 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Samuel J. King M. D.

Apr 20 1908 (Address) 2309 E Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: April 21 1908

UNDERTAKER: Robert A Elliott

ADDRESS: 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

Registered No. B 011523

City of Baltimore, (No. 1005, Wagow alley St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Richard Sneeds

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown ~~62 yrs Mos or Less~~ (Month) (Day) (Year)

AGE: 62 yrs. Mos or Less years, months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married

BIRTHPLACE (State or country): Queen Anns Co Md

FULL NAME OF FATHER: Richard Dallas

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Emline Dallas

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Griffin

(Address) 1005 Watson alley

Filed 4/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 16th 1908 to Apr. 18th 1908 that I last saw h in alive on Apr. 16th 1908, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Acute Uremia

(DURATION) 2 DAYS

Contributory Uremic Torpemia

(DURATION) 2 DAYS

(Signed) William Burdette M. D.

Apr 19th 1908 (Address) 917 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: National Law

DATE OF BURIAL: April 21 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 501 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Hammond

{ Residence, if in Baltimore, Give Street and Number. }

C11524

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1908

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to April 20 1908 that I last saw h~~im~~ alive on April 20 1908 and that death occurred, on the date stated above, at 8.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt H. Bay M.D.

Address Bay View

Date April 20 1908

Place of Burial Mt Carmel Cem

Date April 21" 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person s
ty of the
Physician who attended during his or her last sickness, or the Coro
to furnish within **eighteen hours after death,** to the Undertaker, or other person s
forth, as fa
as far as the same can be ascertained, the **full name, sex, age, condition** (w
d, and the
cause and date of death.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 756 Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Laura E Clarke

{Residence, if in Baltimore, Give Street and Number.} 756 Saratoga St

Duration of Residence in Baltimore. Life

C 11525

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) B.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Laura Clark

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/21 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1908

I HEREBY CERTIFY, That I attended deceased from

Apr 19 1908 to Apr 19 1908

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Robert F Martin M.D.

Address .....

Date Apr 19 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 20 1908 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

Registered No. B C11526

City of Baltimore, (No. Nursery & Childs Hospital St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rowland Culpeaton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female Male — COLOR: White

DATE OF BIRTH: Oct (Month) 6 (Day) 1906 (Year)

AGE: 1 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: ' '

BIRTHPLACE OF FATHER (State or country): ' '

MAIDEN NAME OF MOTHER: ' '

BIRTHPLACE OF MOTHER (State or country): ' '

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M R. Stone
(Address) Nr C. Hackett

Filed 4/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 17th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 8th 1907 to April 17th 1908 that I last saw h-- alive on April 17th 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

(DURATION) DAYS

Contributory Hospitalism

(DURATION) DAYS

(Signed) John Ruhrah M. D.

190 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Unknown — How long at Place of Death? 5 months

Where was disease contracted, if not at place of death? Nursery & Childs Hospital

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: APR 20 1908

UNDERTAKER: Commissioner Health,
Per. Wm. E. WOODALL

ADDRESS

FOR ANATOMICAL PURPOSES.

C11527
151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Clancey (Clancy)

{ Residence, if in Baltimore, Give Street and Number. } Nursery & Childs Hospital.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 1st 1908

AGE: ..... years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant M. R. Stone

(Address) N & C - Hospo

Filed 4/21 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 11 1908 to April 17 1908 that I last saw h alive on April 16 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Antrim M.D.

Address 639 N Eutaw St

Date April 18th 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date APR 20 1908 1908

Commissioner Health,
Per. Wm. E. WOODALL

Undertaker

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

3
8

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles R. Parkhurst

{ Residence, if in Baltimore, Give Street and Number. } 1720 John St

C11528

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 26" 1860

AGE: 47 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George F. Parkhurst

BIRTHPLACE OF FATHER (State or country): Vermont

MAIDEN NAME OF MOTHER: Sophia E. Ray

BIRTHPLACE OF MOTHER (State or country): Massachusetts

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. M. DuVal.

(Address) Church Home & Infirmary

Filed 4/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 19 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to April 19 1908 that I last saw h-im alive on April 19 1908, and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholecystitis

(DURATION) 2 DAYS

Contributory (Primary.) Chronic nephritis

(DURATION) DAYS

(Signed) Charles H. Stutemaunch M.D.

Address Church Home & Infirmary

Date April 19 1908

Place of Burial Greenmount Cemetery

Date April 22" 1908

Undertaker Henry W. Means Jr

Address 7 West North Avenue

WM. J. C. DULANY CO., BALTIMORE

Registered No. B C11529

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1011 Edmondson Avenue St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William H. Ritchie

{Residence, if in Baltimore, Give Street and Number.} 1011 Edmondson Avenue

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 4" 1826

AGE 81 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Frederick, Md.

FULL NAME OF FATHER Alexander Ritchie

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Bishop

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth A. Ritchie wife

(Address) 1011 Edmondson Ave

Filed 4/21 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18" 1908

I HEREBY CERTIFY, That I attended deceased from Octo 1907 to April 18" 1908

that I last saw him alive on April 17 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (~~Secondary or Immediate~~, Primary)

Senility

(DURATION) Several Months.

Contributory (Primary) Obstruction

(DURATION) 2 DAYS.

(Signed) Thomas J. Talbott M.D.

Address 1701 Eutaw Place

Date April 21" 1908

Place of Burial Mt. Olivet Cemetery

Date April 21" 1908

Undertaker Henry N. Means Jr

Address 7 West North Avenue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ...to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ...forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ...ed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

68

(Place of Death.) No. Insane Department Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry E. M. Gernand

{ Residence, if in Baltimore, Give Street and Number. } Baltimore & N. 25th pl.

Duration of Residence in Baltimore.. Life

C 115 30

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: .....

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert H. Gernand

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/21 1908

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 19 1908

I HEREBY CERTIFY, That I attended deceased from Jany 12 1908 to April 19 1908

that I last saw him alive on April 19 1908,

and that death occurred, on the date stated above, at 9 a.m.

P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Mania

(DURATION) 42 DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Thos. H. Phillips, M.D.

Address Bay view Hospital

Date April 20th 1908

Place of Burial St Johns. Waverly

Date April 21 — 1908

Undertaker H. C. Weidefeld

Address 914 Aisquith ave

WM. J. C. DULANY CO., BALTIMORE.

C 11531

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1913 Montrose St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie May Weaver

{Residence, if in Baltimore, Give Street and Number.} 1913 Montrose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 21st 1881.

AGE: 26 years, 7 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: David E. Hall

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Anna ——

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: (Housekeeper)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. Hall

(Address) 1913 Montrose St

Filed 4/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 19, 1908

I HEREBY CERTIFY, That I attended deceased from Mch 29, 1908 to Apr. 19, 1908 that I last saw her alive on Apr. 19, 1908, and that death occurred, on the date stated above, at 11:15 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute miliary Tuberculosis

(DURATION) 21 DAYS

Contributory (Primary.) Cardiac weakness

(DURATION) DAYS

(Signed) E. C. Dickey M.D.

Address 14 N. Monroe St.

Date Apr. 20, '08 1908

Place of Burial Baltimore Cemetery

Date April 22nd 1908

Undertaker F. B. Hippert

Address 1 Frederick Ave Exptd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person eased, and the *cause and date of death.*

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Madison Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Ely Morris

{Residence, if in Baltimore, Give Street and Number.} 916 Madison Ave

C11532

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Nov 3rd 1844

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Morris

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Chancellor

BIRTHPLACE OF MOTHER (State or country) France

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. L. Morris

(Address) 708 Park ave

Filed 4/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 20th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1907 to Apr. 20th 1908 that I last saw her alive on Apr. 20 1908, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute nephritis

(DURATION) 12 DAYS

Contributory (Primary.) General Paresis (DURATION) 14 years DAYS

(Signed) N. V. Clark M.D.

Address 940 Madison Ave

Date Apr. 20th 1908

Place of Burial Greenmount Cemetery

Date April 22nd 1908

Undertaker Howard & Mowan Co.

Address 211 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Dr Nathan Mayer
940 Madison Ave

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Garrison ave W. Arlington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Cecelia Plummer

{Residence, if in Baltimore, Give Street and Number.} West arlington

Duration of Residence in Baltimore. all life

C 11533

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: white
DATE OF BIRTH: aug 4 1889	
AGE: 18 years, 8 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: James C. Plummer	
BIRTHPLACE OF FATHER (State or country): Baltimore Md	
MAIDEN NAME OF MOTHER: Mary H. Tormey	
BIRTHPLACE OF MOTHER (State or country): Baltimore Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James C. Plummer

(Address) W. arlington

Filed 4/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: april 19, 1908.

I HEREBY CERTIFY, That I attended deceased from Feby 6, 1908 to April 19 1908

that I last saw h alive on April 18 1908,

and that death occurred, on the date stated above, at 10-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculasis, Pulmonary.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. T. Handsley M.D.

Address No E. Balto Md.

Date April 20 1908.

Place of Burial New Cathedral Cemetery

Date April 22 1908

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Registered No. B C11534

CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph. Hollingsworth.

{Residence, if in Baltimore, Give Street and Number.} Harmon Point Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May, 21 1844

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Unknown,

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jos. Hollingsworth

Address Harmon Point Md.

Filed 4/21 1908

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 21 1908

I HEREBY CERTIFY, That I attended deceased from Apr 7 1908 to Apr 21 1908 that I last saw h[illegible] alive on " " 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Bright Disease

Two Years (DURATION) DAYS

(Signed) W. W. Bonny M.D.

Address Md. Gen. Hosp.

Date Apr. 21, 1908

Place of Burial Sparrows Pt Md

Date Apl 21 1908

Undertaker Armstrong Demy Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C11535

Registered No. B 150a

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willard Haupt

{Residence, if in Baltimore, Give Street and Number.} 536 Frederick Ave.

Duration of Residence in Baltimore. 11 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Dec. October 12th 1896

AGE: 11 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Henry Haupt

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Georgianna Jones

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm B Crothers

(Address) 428 Frederick Ave

Filed 4/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4-20 1908

I HEREBY CERTIFY, That I attended deceased from 4-6 1908 to 4-20 1908

that I last saw h[illegible] alive on 4-20 1908,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage + Shock.

3½ hrs. (DURATION) DAYS

Contributory (Primary.) Hydrocephalus

4 yrs. (DURATION) DAYS

(Signed) E. W. Billups M.D.

Address University Hospital

Date 4-21- 1908

Place of Burial ~~Mt. Olivet~~ London Park Cem.

Date April 23rd 1908

Undertaker Wm B Crothers

Address 428 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1233 Guilford av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herailia King Poirier

{Residence, if in Baltimore, Give Street and Number.} 1233 Guilford av

Duration of Residence in Baltimore. Lifetime C 11536

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 11. 1832

AGE: 75 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Samuel Buckingham

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Ann. Mitchell

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Malcolm. Poirier

(Address) 1233 Guilford

Filed 4/21 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 20th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to April 20 1908 that I last saw her alive on April 19 1908, and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(Cancer of Stomach and Liver)

(DURATION) DAYS

Con'tributory (Primary) Cancer

several months (DURATION) DAYS

(Signed) Henry Barclay M.D.

Address 1126 N. Eutaw

Date April 21 1908

Place of Burial Loudon Park

Date April 23 1908

Undertaker E. J. Fanning

Address 1938 E Lafayette E

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1124 H Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Friedrich Beck

{Residence, if in Baltimore, Give Strect and Number.} 1124 H Hanover

C 11537

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 1835

AGE: 72 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Gery

FULL NAME OF FATHER: Conrad Beck

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Gery

BIRTHPLACE OF MOTHER (State or country): Carolina Tuesch

OCCUPATION OF DECEASED: Teamster

THE ABOVESTATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmena Beck

(Address) 1124 Hanover St.

Filed 4/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19. 1908

I HEREBY CERTIFY, That I attended deceased from January 12 1908 to April 19 1908 that I last saw h[er] alive on April 18 1908 and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) 1 Year DAYS

Con'tributory (Primary) Bright Disease of Kidney (DURATION) 8 Months DAYS

(Signed) Theodore Boltz M.D.

Address 914 N Charles St

Date April 23 1908

Place of Burial London Park Cem

Date April 22nd 1908

Undertaker E Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 Race St. 17

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Dorr

{ Residence, if in Baltimore, Give Street and Number. } 1423 Race St.

Duration of Residence in Baltimore. Life-Time

C 11538

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 7th 1875

AGE: 33 years, 0 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John T Benerman

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Mary J. Wilson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. P. Dorr (Husb.)

Address 1423 Race.

Filed 4/21 1908

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO. Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to April 19 1908 that I last saw h[er] alive on April 19 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

DURATION 14 DAYS

Contributory (Primary) Pulmonary Tuberculosis

DURATION Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date April 19 1908

Place of Burial Loudon Park Cem

Date April 22nd 1908

Undertaker C. Schloman Sons

Address 1039 Hanover St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1015 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Maria Lynch

{ Residence, if in Baltimore, Give Street and Number. } 1015 Ensor St.

Duration of Residence in Baltimore. 58 years C 11539

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH (If less than 1 year) 1

AGE (If over 1 year) 48 years ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas O'Donnell

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Miss Mary Lynch

(Address 1015 Ensor St.

Filed 4/21 1908

HENRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1908

I HEREBY CERTIFY, That I attended deceased from June 8th 1908 to Apr 20th 1908

that I last saw her alive on Apr 19th 1908,

and that death occurred, on the date stated above, at 7 05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy

(DURATION) 10 DAYS

Contributory (Primary) Exhaustion from

La Grippe (DURATION) 3 months DAYS

(Signed) Jno. Burke Boyle M.D.

Address 104 E. Madison St

Date Apr. 20 1908

Place of Burial St. Mary's Cemetery

Date April 22nd 1908

Undertaker Henry Strecks Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C11540

City of Baltimore, (No. 1220 E. Northave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Laura E. Riggin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1859 (Year)

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry McCubbin

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Mary Ann Darling

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eda E. Foth

(Address) 1404 Light St

Filed 4/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4th (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1907 to Apl 19 1908, that I last saw h alive on Apl 19 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

About 8 months (DURATION) ..... DAYS

Contributory

Exhaustion (DURATION) 7 DAYS

(Signed) O N Durand M. D.

4/20 1908 (Address) 1326 N Mount St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	April 22 1908
UNDERTAKER	**ADDRESS**
F. C. Krause Bro	703 Monroe

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single), color, birthplace, and date of death of the person deceased, and the cause and duration of the disease of which he or she died.

...PARTMENT, CITY OF BALTIMORE.

76

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11541

Registered No. B

City of Baltimore, (No. Baltimore City Post Graduate Hospital St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martin Wm Connor

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: December 1 1846 (Month) (Day) (Year)

AGE: 52 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Martin Wm. Connor

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Slater

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Watchman Md. Penn. Lines

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sarah Connor

(Address) 804 Bank St.

Filed 4/21 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 20 1908

that I last saw him alive on April 20 1908

and that death occurred, on the date stated above, at 11-50 A.M. The CAUSE OF DEATH was as follows:

Cerebral abscess with purulent leptomeningitis

(DURATION) 5 DAYS

Contributory Chronic Suppurative Otitis Media — (DURATION) Years

(Signed) H. O. Reik — M. D.

April 20 1908 (Address) 412 Cathedral*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 804 Canton St. How long at Place of Death? 6 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	April 23rd 1908
UNDERTAKER	ADDRESS
Germanus Franz	403 S Wolfe St

* Per. Jno Downey Jr. M.D. — Resident Physician

BE IT REMEMBERED, That this 27th day of April

A. D. 1908, before me, the subscriber, a Justice of the Peace

of the said State, in and for the City aforesaid, personally appeared

Delia Kelly

and made oath in due form of law that, Martin W. Connor her brother-in Law who died April 13th 1908. was born November 10th 1864. This Statement he has made to me several times previous to his last Sickness

City of Baltimore,
State of Maryland.

Subscribed and sworn to before me this 27th day of April 1908

Delia Kelly

William McCawley JP

C-11541

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

164

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Suess.

{ Residence, if in Baltimore, Give Street and Number. } 520 S. Ann St

Duration of Residence in Baltimore. Life C11542

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 21st 1863

AGE 44 years, 7 months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER George Suess.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna M Koerner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Suess

(Address) 126 S. Register St

Filed 4/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 19 — 1908

I HEREBY CERTIFY, That I attended deceased from ~~Apr~~ 190 to ~~Apr~~ 190

that I last saw h alive on ~~Apr~~ 190,

and that death occurred, on the date stated above, at 1230 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Pelvis — box fell on him accidentally while working on ship (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred G. Carruthers M.D.

Address Coroner's Office

Date Apr 20-08 190

Place of Burial Holy Redeemer Cemetery

Date April 22nd 190

Undertaker Germanus Firance

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

95

(Place of Death.) No. St Joseph's Hospital ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nicholas Neubeck

{ Residence, if in Baltimore, Give Street and Number. } 204 S. Durham St

Duration of Residence in Baltimore. 40 yrs

C11543

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — 1828

AGE: 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Neubeck

(Address) 323 Tait ave

Filed 4/24 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to April 22 1908 that I last saw him alive on April 22 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Senile Bronchitis

(DURATION) 2 DAYS

(Signed) Eugene L. Pussagno M.D.

Address St Josephs Hosp.

Date 4. 20. 08 190

Place of Burial St Alphonsus Cemetery

Date April 22nd 1908

Undertaker Germanus France

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE

Registered No. B C11544

166

CERTIFICATE OF DEATH.

(Place of Death.) No. B & O R.R. Tracks. Wells & Jackson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Myra Tilghman

{Residence, if in Baltimore, Give Street and Number.} 1828 Jackson St C11544

Duration of Residence in Baltimore. 16 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 6 1859

AGE: 48 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R. Tilghman Son

(Address) 1944 Light St

Filed 4/21 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9.05 P M.

CAUSE OF DEATH (Secondary or Immediate) Mangled about the body, having been run over by Engine 266 of B & O R R Co

Accidental Death

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. M. Leinhardt M.D.

Address Same

Date April 20 1908

Place of Burial Cedar Hill Mem.

Date April 22 1908

Undertaker Wm Cook

Address 502 E. Northan

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11545

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 836 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles M. Miller

{Residence, if in Baltimore, Give Street and Number.} 836 Ashland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 20 1869

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Herrman Miller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Weimel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A. Miller

(Address) 416 N. Glover st

Date 4/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20/08 1908

I HEREBY CERTIFY, That I attended deceased from March 11 1908 to April 20 1908 that I last saw him alive on April 14 1908 and that death occurred, on the date stated above, at 2 11 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 5 hours DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 yrs.

(Signed) R. L. Mitchell M.D.

Address 2321 Maryland

Date April 20th 1908

Place of Burial 1st Evangelical Cemetary

Date April 23rd 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 11546

missing

Registered No. B.....

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1636 With Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Armar

{ Residence, if in Baltimore, Give Street and Number. } 1636 N. Calvert St.

C 11547

Duration of Residence in Baltimore. Abt. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 2nd 1828

AGE: 79 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Easton Maryland

FULL NAME OF FATHER: James Parratt

BIRTHPLACE OF FATHER (State or country): Talbot Co. Maryland.

MAIDEN NAME OF MOTHER: Susanna Hamilton

BIRTHPLACE OF MOTHER (State or country): Talbot Co. Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily B. Owens

(Address) 1636 Calvert St

Filed 4/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Apr 20 1908 that I last saw her alive on April 20 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Old age with
intestinal depression

.....(DURATION).....DAYS

Contributory (Primary.)

.....(DURATION).....DAYS

(Signed) A K Bond M.D.

Address 849 Park ave

Date Apr 21 1908

Place of Burial Loudon Park

Date April 22nd 1908

Undertaker J Elwood Jenkins Undertaking Co

Address 300 W Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death**.

CERTIFICATE OF DEATH.

64

(Place of Death.) No. The University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Chinn

{ Residence, if in Baltimore, Give Street and Number. } 229 W Henrietta

Duration of Residence in Baltimore. Life

C11548

PERSONAL AND STATISTICAL PARTICULARS

SEX 2 | COLOR C

DATE OF BIRTH 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Harold

Address 229 West Henrietta St

Filed 4/21 1905

Registrar

HARRY C. ANDREWS,
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1905

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 hour DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Maultsby M.D.

Address 2 Cn.

Date Apr. 21 1905

Place of Burial Laurel Glen

Date April 24 1905

Undertaker Sam'l H. Earl Son

Address 408 Mosher St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 936 Dover St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hezekiah Coblins

{ Residence, if in Baltimore, Give Street and Number. } 336 Dover St

C 11549

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR C

DATE OF BIRTH ..... 1 .....

AGE 41 years, ... mon'ths, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie Kush

Address 336 Dover St

Filed 4/22" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) Patrick F Maher M.D.

Address ...

Date April 21 1908

Place of Burial Mt Auburn Cem

Date April 22d 1908

Undertaker C. L. Brown & Son

Address 1021 Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11550

City of Baltimore, (No. 1101, N. Carrollton Ave., Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James F. O'Donnell

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1874 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thos. O'Donnell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Meehan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O'Donnell

(Address) 2652 Freemont Ave

Filed 4/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 8 1908 to Apr. 19 1908 that I last saw h.. alive on Apr. 19 1908, and that death occurred, on the date stated above, at 4:20 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

2 years (DURATION)

Contributory Exhaustion.

(DURATION) ..... DAYS

(Signed) Gathiede M.D.

Apr. 22 1908 (Address) 701 Hamilton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cem. DATE OF BURIAL: April 25 1908

UNDERTAKER: John J. Conran ADDRESS: 701 Hollins St.

WM. J. C. DULANY CO.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

113

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Francis

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

C 11551

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 50 years, 2 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Thos J. Buttermer

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Carolina McFadden

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Alex J. Francis

(Address Connellsville Pa

Filed 4/22 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22d 1908

I HEREBY CERTIFY, That I attended deceased from Mar 2d 1908 to April 22d 1908.

that I last saw her alive on April 22d 1908

and that death occurred, on the date stated above, at 4:25 a. m. CAUSE OF DEATH (Secondary or Immediate)

Abscess of Liver

(DURATION) DAYS

Contributory (Primary) Cholelithiasis

(DURATION) DAYS

(Signed) Jos. T. Smith, Jr. M.D.

Address Johns Hopkins Hospital

Date April 23 1908

Place of Burial Connellsville Pa

Date April 22 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

C11552

Registered No. B 352

CERTIFICATE OF DEATH. 92

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death in Hospital or Institution give its Name instead of Street and No.)

Full Name John Henry Johnson

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M.

COLOR W.

DATE OF BIRTH 1

AGE ..... years, 5 mont's, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asylum.

(Address)

Filed 4/22 1908

Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 15

I HEREBY CERTIFY, That I attended deceased April 1 1908 to April 14

that I last saw h-im alive on .. .. 19..

and that death occurred, on the date stated above, at ..P..M. CAUSE OF DEATH (Secondary or Immed

Bronchopneumonia

(DURATION)

Contributory (Primary)

(DURATION)

(Signed) [illegible]

Address 2250 E Coulter

Date 4-16 8

Place of Burial Undetermined

Date April 22nd

Undertaker Martin Bakery & Co

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Katie Kerfernagle

{ Residence, if in Baltimore, Give Street and Number. } 104 Parker St (PARKIN)

Duration of Residence in Baltimore. 18 Years. C11553

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 4/21 1908

HARRY C. ANDREWS,
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 21, 1908.

I HEREBY CERTIFY, That I attended deceased from Mar. 12 1908 to Apr. 21 1908

that I last saw her alive on Apr. 21, 1908,

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis.

(DURATION) ..... DAYS

Contributory (Primary.) Acites and Exhaustion (DURATION) ..... DAYS

(Signed) W R Eshen M.D.

Address Baltimore City Hospital

Date Apr. 21 1908

Place of Burial St Peters Cem.

Date April 22nd 1908

Undertaker C J Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

137

(Place of Death.) No. St. Vincents Infant asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernadette Bennett

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infantasy.

Duration of Residence in Baltimore. Lifetime C11554

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH April 2 1908

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infantasy

(Address)

Filed 4/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 16 1908

I HEREBY CERTIFY, That I attended deceased from Apr 4 1908 to Apr 16 1908

that I last saw h alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Acute

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) D. J. Hayman M.D.

Address 1125 N Carrollton Ave

Date Apr 16 1908

Place of Burial Mt Auburn

Date April 22nd 1908

Undertaker Martin Funeral Co

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 11555

79

(Place of Death.) No. 629 N. Central Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Silas Thomas

{ Residence, if in Baltimore, Give Street and Number. } 629 N. Central Ave.

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR B

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah F. Thomas

(Address) 629 N. Central Ave

Filed 4/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 21 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1220

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners

Date Apr 21 - 08 190

Place of Burial Woodlawn Cemetery

Date April 22 1908

Undertaker R. St. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

108

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Praddice

{Residence, if in Baltimore, Give Street and Number.} 17 North Spring Street

Duration of Residence in Baltimore. Life C 11556

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 25 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Sinns

(Address) 17 N. Spring

Filed 4/22 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1908

I HEREBY CERTIFY, That I attended deceased from March 2 1908 to April 20 1908

that I last saw her alive on April 20 1908

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) ... DAYS

Contributory (Primary) Intestinal obstruction (DURATION) ... DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date April 21 1908

Place of Burial Samuel Am

Date Apr 22 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11557

Registered No. B.....

City of Baltimore, (No. 1212 Jefferson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha E. Mathews

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1858 (Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos Mathews

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Jane Stewart

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Belle Stewart

(Address) 521 Shook St

Filed 4/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 19 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 17 1908 to Apr 19 1908 that I last saw h.. alive on Apr 19 1908, and that death occurred, on the date stated above, at 10.30 a. M. The CAUSE OF DEATH was as follows:

Strangulated Hernia one year

(Inguinal) (DURATION) DAYS

Contributory Hemorrhage from Hernia (DURATION) 3 DAYS

(Signed) Wm Clyde Barnes M. D.

Apr 20 1908 (Address) 2040 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: April 22 1908

UNDERTAKER: A. D. Eckert

ADDRESS: 506 Regnolds Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and

HEALTH DEPARTMENT, CITY OF BALTIMORE.

71

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11558

City of Baltimore, (No. 1029 Light St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Chas Herbert Morsell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 25 1908 (Month) (Day) (Year)
AGE	---- years, 2 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	James F. Morsell
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	CatherineSchroepfer
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	----------

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Morsell

(Address) #1029 Light St.

Filed 4/22 1908

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 17 1908 to April 19 1908 that I last saw h[illegible] alive on April 19th 1908 and that death occurred, on the date stated above, at 1.05 P. M. The CAUSE OF DEATH was as follows:

Convulsions, Marasmus

(DURATION) 2 DAYS

Contributory Asthenia

(DURATION) 12 DAYS

(Signed) H. J. Carrick M. D.

Apr. 20th 1908 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	April 22 1908
UNDERTAKER: Armstrong Denny Co.	ADDRESS: 715 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

108

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs. Carrie Sachs

{ Residence, if in Baltimore, Give Street and Number. } Hebrew Hospital

Duration of Residence in Baltimore. 4 3/12 mos C11559

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH 1 mo.

AGE 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER \

BIRTHPLACE OF FATHER (State or country) \

MAIDEN NAME OF MOTHER \

BIRTHPLACE OF MOTHER (State or country) \

OCCUPATION OF DECEASED \

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Strauss

(Address) Hebrew Hosp.

Filed 4/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/21/1908

I HEREBY CERTIFY, That I attended deceased from 4/18/1908 to 4/21/1908

that I last saw her alive on 4/20/08 1908,

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

(DURATION) 4 DAYS

Contributory (Primary.) Strangulated Hernia

2 months (DURATION) DAYS

(Signed) F. H. Herrmann M.D.

Address Hebrew Hospital

Date 4/21/08 1908

Place of Burial Balt Hebrew Cem

Date April 23 1908

Undertaker Hart & Sondheim

Address 923 Madison Av.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C11560 Registered No. B C11569 2

CERTIFICATE OF DEATH.

Place of Death.) No. Mercy Hospital Lombard & Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Evans

{ Residence, if in Baltimore, Give Street and Number. } 418 S. Stricker st

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wh

DATE OF BIRTH Dec. 9 1829

AGE 78 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Retired - Boilermaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha J Evans

(Address) 418 S Stricker St

Filed Apl 22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20 1908

I HEREBY CERTIFY, That I attended deceased from April 19 1908 to April 20 1908 that I last saw h im alive on April 19 1908, and that death occurred, on the date stated above, at 7.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia and respiratory embarrassment.

(DURATION) 6 hours

Contributory (Primary.) Pneumonia

(DURATION) 1 DAYS

(Signed) Frank S Lyon M.D.

Address Mercy Hospital

Date April 20 1908

Place of Burial Western Cem

Date Apr 22nd (2½ PM) 1908

Undertaker Jas B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1st n about Camden Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Hook Jr

{Residence, if in Baltimore, Give Street and Number.} 1168 Carroll st

Duration of Residence in Baltimore. Life

C 11561

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 16 = 1872

AGE: 36 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Hook

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Shriver

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: R.R. Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Hook Jr

(Address) 1128 Ridgley st

Filed 4/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 22 1908

I HEREBY CERTIFY, That I attended deceased from

Apr 22 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Chr Leo Nephritis

Rheumatism

(DURATION) 1 hr DAYS

Contributory (Primary) accident

(DURATION) DAYS

(Signed) Patrick Mullen M.D.

Address

Date April 22 1908

Place of Burial London Park

Date April 22 1908

Undertaker H. J. Tiekert & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

(Reg. No. 61502) 61502

CERTIFICATE OF DEATH.

(Place of Death.) No. 42 Washington Homestead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Green Rauch

{ Residence, if in Baltimore, Give Street and Number. } 42 Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apl 1869

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daught

(Address)

Filed 4/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Apl 22 1908

that I last saw h.. alive on Apl 22 1908,

and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) ... M.D.

Address ...

Date Jacksonville Fla 21 1908

Place of Burial Baltimore Cemetery

Date April 23 rd 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

AM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name***, sex, ***age***, ***condition*** (whether married or single) of the person eased, and the ***cause and date of death***.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 10 N. Hamburg St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Albert Profft

{Residence, if in Baltimore, Give Street and Number.} 10 N. Hamburg

Duration of Residence in Baltimore. Life

C 11563

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Oct 13 1884
AGE	23 years, 6 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Wm Profft
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Augusta Mache
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Profft

(Address) 10 N. Hamburg

Filed 4/22 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20" 1908

I HEREBY CERTIFY, That I attended deceased from Feb 14 1908 to Apr 20 1908

that I last saw h~~im~~ alive on Apr 20 1908,

and that death occurred, on the date stated above, at 5.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 6 Mos.

Contributory (Primary)

(DURATION) DAYS

(Signed) Howard D Lewis M.D.

Address 423 Hanover st.

Date Apr 22 1908

Place of Burial Loudon Park

Date Apr. 23 1908

Undertaker W. J. Trekner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

170

(Place of Death.) No. 905 E Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara E. Wyatt

{ Residence, if in Baltimore, Give Street and Number. } 905 E. Hoffman

C 11564

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: 1

AGE: 26 years, \ months, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph E. Wyatt

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Anna E. Dobbin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna E. Wyatt

(Address) 905 E. Hoffman

Filed 4/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 21 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to April 21 1908

that I last saw her alive on April 21 1908,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

about 2 yrs (DURATION) DAYS

Contributory (Primary.) Bronchorrhea

(DURATION) 0 DAYS

(Signed) James M Benton M.D.

Address 1102 E Chase St

Date April 22 1908

Place of Burial Cathedral Cemetery

Date Apr. 24 1908

Undertaker Wm Cook

Address 602 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

82

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Netty Horner

{Residence, if in Baltimore, Give Street and Number.} 953 W. Collington Ave

C 11565

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: H-W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant N. Horner

(Address 953 Collington Ave

Filed 4/22 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 21 1908

I HEREBY CERTIFY, That I attended deceased from Apr 10 1908 to Apr 21 1908

that I last saw h[er] alive on Apr 21 1908,

and that death occurred, on the date stated above, at 6 20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

1 Pneumonia of Left Arm

(DURATION) 4 DAYS

Contributory (Primary.) Endocarditis

(DURATION) DAYS

(Signed) Chas. Reyburn M.D.

Address Hebrew Hospital

Date Apr. 21 - 1908

Place of Burial Baltimore

Date (April 23 1908

Undertaker Wm Cook

Address 602 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Registered No. D .....

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 530 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Powell ~~Gutosky~~ Gutosky

{ Residence, if in Baltimore, Give Street and Number. } Same

C 11566

Duration of Residence in Baltimore. // //

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ——— 1907

AGE: 1 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Peter Gutowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Josephine Doliga

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Gutowski

(Address) 530 S. Ann St

Filed 4/22 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 21 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr 21 1908 that I last saw him alive on Apr. 20 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronco-pneumonia causing respiratory failure

(DURATION) 21 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) G. G. Rinck M.D.

Address 2000 E. Baltimore St

Date 190

Place of Burial St. Stanislaus

Date April 22 1908

Undertaker William Trakowski

Address 424 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1735 Mullikin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E King

{ Residence, if in Baltimore, Give Street and Number. } 1735 Mullikin St. C11567

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: April 11th 1[illegible]E

AGE: [illegible] years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Kent Co Md

FULL NAME OF FATHER: Benjaman Ringold

BIRTHPLACE OF FATHER (State or country): Kent Co Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam'l A Jones

(Address) 501 Gold St

Filed 4/22 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to April 20th 1908

that I last saw h[illegible] alive on April 20th 1908,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 10 Years

Contributory (Primary.) Exhaustion

(DURATION) 10 DAYS

(Signed) Elijah L Powell M.D.

Address 423 N Broadway

Date April 21st 1908

Place of Burial Woodlawn Cemetery

Date April 23rd 1908

Undertaker Chas L Bailey

Address 1420 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

CL1568

City of Baltimore, (No. 212, Dolphin St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Albert Milburn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: March 11 1905 (Month) (Day) (Year)

AGE: 3 years, 1 month, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Royal Milburn

BIRTHPLACE OF FATHER (State or country): Catonsville - Md

MAIDEN NAME OF MOTHER: Carrie Bell

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Bell Milburn

(Address) 212 Dolphin St

Filed 4/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 18 1908 to Apr 20 1908

that I last saw h~~im~~ alive on Apr 20 1908,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory

(DURATION) DAYS

(Signed) F. M. Eastman M. D.

Apr 21 1908 (Address) 1505 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Apr. 23 1908

UNDERTAKER: Alex. Hemsley

ADDRESS: 578 W. Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C11569

Registered No. B.....

City of Baltimore, (No. 1900, Baltimore Av., St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Alberta McLean

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 20 (Day) 1877 (Year)

AGE: 30 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto, Md.

FULL NAME OF FATHER: Adelbert McLean

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Sarah Stoddard

BIRTHPLACE OF MOTHER (State or country): Balto, Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J C Dickson

(Address) 3053 W. North Ave.

Filed 4/22 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 21st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 22 1908 to Apr. 17th 1908 that I last saw h.. alive on Apr. 17 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis — 15 months

(DURATION) ....

Contributory Heart failure —

(DURATION) .... DAYS

(Signed) J. C. Dickson M. D.

Apr. 21st 1908 (Address) 3053 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: April 23 1908

UNDERTAKER: H. E. Hughes

ADDRESS: 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B C15.0

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 100 N Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name J. Randolph Means

{ Residence, if in Baltimore, Give Street and Number. } 100 N Front St

Duration of Residence in Baltimore. Not Known C11570

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Miss.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Bar tender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph R. Bruno

(Address) 88 N Howard St

Filed 4/22 1908

H. C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 20 1908

I HEREBY CERTIFY, That I attended deceased from Apr 19 1908 to Apr 20 1908

that I last saw h... alive on ... 1908,

and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease.

(DURATION) ... DAYS

Contributory (Primary.) ~

(DURATION) ... DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N. Caroline St

Date Apr 22 1908

Place of Burial ~~Mt Carmel~~ W. & Com Pts & Ra

Date Apr 23 1908

Undertaker H. & Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

C11521

48

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 Cedar Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Jones

{ Residence, if in Baltimore, Give Street and Number. } 907 Cedar Court

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: [illegible] 1

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edward B Jones

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Jones

(Address) 907 Cedar Ct.

Filed 4/22 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1908

I HEREBY CERTIFY, That I attended deceased from April 21st 1908 to April 21st 1908

that I last saw h[illegible] alive on April 21st 1908,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Larynx

2 hours (DURATION) ... DAYS

Contributory (Primary.) Not Known (DURATION) ... DAYS

(Signed) Samuel A. A. Davis M.D.

Address 619 W Fayette

Date April 21st 1908

Place of Burial St. Peters Cem

Date April 23 1908

Undertaker R A Ellison

Address 506 Hopkins Pl

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B C11572

C11572

CERTIFICATE OF DEATH.

36

(Place of Death.) No. 104 Welcome alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Wall.

{Residence, if in Baltimore, Give Street and Number.} 104 Welcome alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: April 6 1908

AGE: ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Saml Wall

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Carrie Wall

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Wall

(Address) 104 Welcome al

Filed APR 21 1908 MARY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 21 1908

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to April 21 1908

that I last saw her alive on April 21 1908,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Immunition

(DURATION) 15 DAYS

Contributory (Primary.) Congenital Syphilis (DURATION) Life

(Signed) H. T. Eskew M.D.

Address Balto City Hospitals

Date 190

Place of Burial Mt Auburn Cem

Date April 22 1908

Undertaker John H. Tradonia

Address 142 W. Hill St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 Registered No. B 113

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name M. G. E. Shannon

{Residence, if in Baltimore, Give Street and Number.} 201 N. Frankline St

C11573

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Francis A Shannon

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie E Dursler

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Government Official

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Frank Shannon

(Address) Westminster Md.

Filed 4/22 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22nd 1908

I HEREBY CERTIFY, That I attended deceased from April 7th 1908 to April 22 1908 that I last saw h-- alive on 11 22 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilitation of Stomach

(DURATION) DAYS

Contributory (Primary.) Cholelithiasis

(DURATION) DAYS

(Signed) C.W. Roberts M.D.

Address University Hospital

Date April 22nd 1908

Place of Burial Westminster Md.

Date April 23 190

Undertaker W Maurice Boutcher

Address 844 Eutaw & Saratoga Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 11574

City of Baltimore, (No. 2830, Parkwood ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Moritz Landauer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1831 April 1 year
(Month) (Day)

AGE 77 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Moritz Landauer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Landauer

(Address) 2830 Parkwood

Filed 4/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 3d 190 to April 20th 1908

that I last saw him alive on April 20th 1908,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Endocarditis

(DURATION) 17 DAYS

Contributory Heart Weakness and Heart failure (DURATION) DAYS

(Signed) Howard C. Silver M. D.

April 21st 1908 (Address) 1914 Bolton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore

DATE OF BURIAL April 23 1908

UNDERTAKER Otis & Co

ADDRESS 1607 Madison Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 Mulliken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Solomon Hark

{Residence, if in Baltimore, Give Street and Number.} 1523 Mulliken st

Duration of Residence in Baltimore. Lifetime

C11575

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 19 1907

AGE: ..... years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Judah Hark

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Minnie Robman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Green 1422

(Address) 1523 mulliken

Filed 4/22 1908 HARRY C. ARMSTRONG, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 22 1908

I HEREBY CERTIFY, That I attended deceased from Mch 2 1908 to Ap 21 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

about 6 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Collentine M.D.

Address 1810 E Balto St

Date Apr 22 1908

Place of Burial Hebrew Washington Ave

Date April 23, 1908

Undertaker Max Levinson

Address 1020 McElderry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 1821 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marguerite Gudice

{Residence, if in Baltimore, Give Street and Number.} 1821. Ashland Avenue

Duration of Residence in Baltimore. Over 30 years

C 11576

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 21 1846

AGE 62 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Howard

(Address) 1821. Ashland Ave

Filed 4/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to April 20th 1908 that I last saw her alive on April 20 1908, and that death occurred, on the date stated above, at 10½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Womb

Exhaustion (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas J Simms M.D.

Address 1025 N Wolfe st

Date April 21 1908

Place of Burial Mt Carmel Cem

Date April 23rd 1908

Undertaker Geo. M. Fink

Address 811 N. Wolfe st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B C11577

City of Baltimore, (No. 2615, W. Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: about 1830 (Month) (Day) (Year)

AGE: 78 years, ... months, Exact age not known days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): England.

OCCUPATION OF DECEASED: None,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Brown

(Address) 2615 W Franklin St

Filed 4/22 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apl. 21 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1907 to Apl. 21 1908

that I last saw h[illegible] alive on Apl 20 1908,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Old age complicated with Bronchitis following La Grippe

4 mo (DURATION) ..... DAYS

Contributory Weakening of heart

Dropsy (DURATION) 30 DAYS

(Signed) Ed. Cook M. D.

Apl. 21 1908 (Address) 1605 N. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western

DATE OF BURIAL: Apr 23 1908.

UNDERTAKER: Tom Cook

ADDRESS: 602 E. North Ave

Registered No. B .....

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 922. N. Chester St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Leach

{Residence, if in Baltimore, Give Street and Number.} 922. N. Chester St

C 11578

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Oct. 2. 1838

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Dont no

BIRTHPLACE OF FATHER (State or country): Dont no

MAIDEN NAME OF MOTHER: Dont no

BIRTHPLACE OF MOTHER (State or country): Dont no.

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma J. Burgess.

(Address) 922. N. Chester St

Filed 4/22 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 21. 1908

I HEREBY CERTIFY, That I attended deceased from Mch 15 1908 to April 21 1908

that I last saw h[illegible] alive on Apr. 20 1908

and that death occurred, on the date stated above, at 1:20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ulceration Gastritis

(DURATION) 37 DAYS

Con'tributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baltimore St

Date Burial Apr. 22 1908

Place of Burial London. Park.

Date April 23 1908

Undertaker Wm. Cooke

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11579

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 7008 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Nicholson Smith

{Residence, if in Baltimore, Give Street and Number.} 7008 N Charles

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: July 7 1906

AGE: 1 year, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Chas Dewitt Jr.

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sadie Hall Nicholson

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas De Witt Jr.

(Address) 7008 N. Charles

Filed 4/23 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1908 to April 21 1908 that I last saw her alive on April 21 1908, and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculan Meningitis
~~Tuberculan Adenitis~~

(DURATION) 94 DAYS

Contributory (Primary.)
Tubercular Adenitis (DURATION) 90 DAYS

(Signed) L. E. Beach M.D.

Address 857 N. Fayette St

Date April 23 1908

Place of Burial Lorraine Cemetery

Date April 23 1908

Undertaker Robt J Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11580 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1000 N. Eutaw, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Era Payne.

{Residence, if in Baltimore, Give Street and Number.} 1000 N Eutaw St.

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr 19 1908

AGE: ____ years, ____ months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Burbys Payne

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Eva C Wesselo

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Burbys Payne

(Address) 1000 N. Eutaw St

Filed 4/23 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Apr 19 1908 to Apr 22 1908

that I last saw him alive on 22 1908

and that death occurred, on the date stated above, at 2. P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. A. Weinberg M.D.

Address 772 W Fayette St.

Date Apr 23 1908

Place of Burial Mahoney Parks

Date Apr 24 1908

Undertaker J Shriver Co

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1513 N. Calhoun St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Brooks

{Residence, if in Baltimore, Give Street and Number.} 1513 N. Calhoun St.

Duration of Residence in Baltimore. all life - 35 yrs. C11581

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Colard

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Maried

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Hausl Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman st

Filed 4/23 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 21 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 29. 1908 to April 21 1908 that I last saw h er alive on April 20 1908, and that death occurred, on the date stated above, at 4.20 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis, 20

bacilli found in Sputum. (DURATION) DAYS

Contributory (Primary.) 1

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date April 21 1908

Place of Burial Mt Zion

Date April the 23 1908

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

132

(Place of Death.) No. Bald City Hospital St. (If Death occurred Hospital or Institution give its Name Instead of Street and Number)

Full Name Amelia Miller

{Residence, if in Baltimore, Give Street and Number.} 737 E Cross St.

Duration of Residence in Baltimore. L

C. 11582

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W.

DATE OF BIRTH: September 3rd 1869

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Karl Granzer.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Gertrude Biel.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Miller (Husband)

(Address) 232 E Cross St.

Filed 4/23 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 — 1908

I HEREBY CERTIFY, That I attended deceased from March 25 1908 to April 21 1908

that I last saw her alive on April 20 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Fecal Fistula

following removal of Both Tubes. (DURATION) DA

Contributory (Primary) Sepsis

Exhaustion (DURATION) 7 DA

(Signed) A W Eichelberger M.

Address 3. C. Hospital

Date April 22 — 1908

Place of Burial Western Cem.

Date April 23rd 1908

Undertaker E Hasle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE

Ward 10 Registered No. B 11583

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 417 N. Dallis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora Lewis

{Residence, if in Baltimore, Give Street and Number.} 417 N. Dallis

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: July 31 1904

AGE: 3 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Lewis

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: annie Garrett

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Lewis

(Address) 417 N. Dallis

Filed 4/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1908

I HEREBY CERTIFY, That I attended deceased from April 10th 1908 to April 21st 1908 that I last saw h[illegible] alive on April 21st 1908, and that death occurred, on the date stated above, at 9:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Broncho

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. A. Sauer M.D.

Address 1400 Jefferson pl

Date April 22 nd 1908

Place of Burial Laurel

Date April 23 1908

Undertaker R. T. Elliott

Address 506 Rufus Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 574. Campbell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie G Strecker

{ Residence, if in Baltimore, Give Street and Number. } 574 Campbell Av

Duration of Residence in Baltimore..... 3 years

c 11584

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH ..... 1 .....

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER George Bell.

BIRTHPLACE OF FATHER (State or country) Scotland.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Newgarden

(Address 574 Campbell Av

Filed 4/23 1908

HARRY C. ANDREWS
Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... April 21 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to April 21 1908 that I last saw h er alive on April 21 1908 and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Erysipelas (Facial)

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 12 hours DAYS

(Signed) J Morley Hoag M.D.

Address 721 Columbia Ave

Date April 21 1908

Place of Burial Baltimore Cemetery

Date Apr. 23rd 1908

Undertaker Wm Cook

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 151

CERTIFICATE OF DEATH.

Johns Hopkins Hosp. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lg Carrie Baby Hall.

{ Residence, if in Baltimore, Give Street and Number. } 1539 E. Orleans St.

Duration of Residence in Baltimore. 3 days.

C 11585

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Blk.
DATE OF BIRTH	Apr. 19th 1908
AGE	— years, — months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto -
FULL NAME OF FATHER	Sutterly Jones
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Carrie Hall
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/23 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 19 1908 to Apr. 22 1908 that I last saw her alive on Apr 21 1908 and that death occurred, on the date stated above, at 1.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.) Premature 7 Mos Gestation (DURATION) DAYS

(Signed) W. Osler M.D.

Address J. H. H.

Date April 24 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 23 1908 1908

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

Ward 12 C11586 Registered No. B C11586

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joel Cheetam

{ Residence, if in Baltimore, Give Street and Number. } Maryland General Hospital

Duration of Residence in Baltimore. About 2 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1833

AGE: 65 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Mississippi

FULL NAME OF FATHER: Onknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Bowen

(Address) Md. General Hospital

Filed 4/23 1908

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 20th 1908

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to April 20th 1908 that I last saw h alive on April 20th 1908, and that death occurred, on the date stated above, at 9.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary) syphilis

One year (DURATION) DAYS

(Signed) J. H. W. Bowen M.D.

Address Md. General Hospital

Date April 21, 1908

Place of Burial St. Peters

Date April 23rd. 1908.

Undertaker William M. Gatthrop

Address North & Linden Aves.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11587

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 716 Mc Henry st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susanna Warfield

{ Residence, if in Baltimore, Give Street and Number. } 716 Mc Henry st

Duration of Residence in Baltimore. 60 yrs C11587

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: September 6 1830

AGE: 77 years, 7 mont's, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ha A.A. Co md

FULL NAME OF FATHER: Thomas Warfield

BIRTHPLACE OF FATHER (State or country): A.A. Co md

MAIDEN NAME OF MOTHER: Ann Warfield

BIRTHPLACE OF MOTHER (State or country): A.A. Co md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily C Warfield

(Address) 716 Mc Henry st

Filed 4/23 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22nd 1908

I HEREBY CERTIFY, That I attended deceased from April 13th 1908 to April 22 1908 that I last saw h er alive on apr 22 1908, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) 8 DAYS

(Signed) J. E. Poulton M.D.

Address 615 Columbia ave

Date 190

Place of Burial Mt Olivet Cem

Date April 24 1908

Undertaker Jos. Snowden, Son

Address 217 S. Pace.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 011588

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 4109 Massachusets Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Friederieka Auer

{Residence, if in Baltimore, Give Street and Number.} 4109 Massachusets Ave

Duration of Residence in Baltimore. 70 Jan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: March 16 1833

AGE: 75 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Wm. Richman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Pac. ave

Filed 4/23 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 21st 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1st 1906 to Apr 21st 1908 that I last saw h er alive on Apr 21st 1908, and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion due to Congestion of Lungs

(DURATION) 10 DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) W. A. Steel M.D.

Address Irvington

Date April 22nd 1908

Place of Burial Linden Park Cy

Date April 24 1908

Undertaker Jos. Joerdens, Son

Address 217 S. Pac. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11589 Registered No. B

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 118 S. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Harrison (Harrison)

{Residence, if in Baltimore, Give Street and Number.} Since birth

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	March 20 1908
AGE	....years, ...months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Charles Harrison
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Emma Harris
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Harrison

(Address) 118 S Collington

Filed 4/23 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 22 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 18 1908 to Apr. 22 1908

that I last saw h-er alive on Apr. 22 1908

and that death occurred, on the date stated above, at 11-20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Meningitis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) G. G. Penn M.D.

Address 2100 E. Balto.

Date Apr. 24 1908

Place of Burial St Paul

Date April 1908

Undertaker Wendell Rippel & Son

Address 378 N

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11590

CERTIFICATE OF DEATH.

(Place of Death.) No. 327 East 25th. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellenor L. Pinkerton

{Residence, if in Baltimore, Give Street and Number.} 327 East 25th. Street

Duration of Residence in Baltimore.

C 11590

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 28, 1842

AGE: 66 years, 0 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Towson, Balto, Co. Md.

FULL NAME OF FATHER: Nathan H. Ware

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Eliza C. Bunord

BIRTHPLACE OF MOTHER (State or country): Balto., Co., Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton Pinkerton

(Address) 327 East 25th. St.

Filed 4/23 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 20, 1908

I HEREBY CERTIFY, That I attended deceased from January 1907 to 4/20 1908 that I last saw her alive on 4/20 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate) Cerebral Hemmorhage, Second attack.

(DURATION) 16 DAYS

Contributory (Primary) Paralysis

Softening of brain (DURATION) DAYS

(Signed) Geo. W. De Lashmutt M.D.

Address 2203 N. Charles St.

Date April 20, 1908 E.

Place of Burial Prospect Hill Cemetery, Towson

Date April 23 1908

Undertaker Henry W. Means & Son.

Address 865 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C11591

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 803 Little Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin R Bruce (Robinson)

{Residence, if in Baltimore, Give Street and Number.} 803 Little Green

C 11591

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: Marshall Robinson

BIRTHPLACE OF FATHER (State or country): Wilmington N C

MAIDEN NAME OF MOTHER: Dora White

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lora Robinson

(Address) 803 Little Green St

Filed 4/23 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 28 1908 that I last saw h-- alive on April 28 1908, and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 21 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 21 DAYS

(Signed) C. B. Fowler M.D.

Address 712 N Charles

Date April 22 1908

Place of Burial Laurel Md.

Date April 24th 1908

Undertaker L. L. Brockenbrough

Address 108 N. Monument St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11592 Registered No. B C11592

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 835 Linden hall St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Harriett Biao

{Residence, if in Baltimore, Give Street and Number.} 835 Linden hall Street

Duration of Residence in Baltimore. Life

C 11592

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Dalto md

FULL NAME OF FATHER: Not Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: ~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hesalina Madden

(Address) 1713 Latrobe st

Filed 4/23 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21st 1908

I HEREBY CERTIFY, That I attended deceased from April 1 190 to April 21 1908 that I last saw her alive on April 21 1908, and that death occurred, on the date stated above, at 5.30

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 21 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 21 DAYS

(Signed) O. H. Foreman M.D.

Address 712 S. Broadway

Date April 23d 1908

Place of Burial Laurel Md

Date April 24th 1908

Undertaker C. L. Brown & Son

Address 108 N. Montgomery st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 11593

(Place of Death.) No. 570 Burgundy all. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Gross

{ Residence, if in Baltimore, Give Street and Number. } 510 Burgundy all

Duration of Residence in Baltimore. Life

C 11593

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR C

DATE OF BIRTH 1

AGE 4 years, months, days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Aaron Gross

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Cora Wilson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Gross

(Address) 510 Burgundy alley

Filed 4/23 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 22 1908

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Cor

Date Apr 23 1908

Place of Burial Mt Auburn Cem

Date April 24th 1908

Undertaker C. L. Brown & Son

Address 108 W. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE

Registered No. B C1159

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 743 Little George St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lemar Garrison.

{Residence, if in Baltimore, Give Street and Number.} 743 Little George St

C1159

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: 1

AGE: 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Jeremiah Garrison

BIRTHPLACE OF FATHER (State or country): Balt City

MAIDEN NAME OF MOTHER: Sadie Holland

BIRTHPLACE OF MOTHER (State or country): Prince George Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Garrison

(Address) 143 Little George St

Filed 4/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1908

I HEREBY CERTIFY, That I attended deceased from April 8 1908 to April 22 1908 that I last saw h in alive on April 22 1908, and that death occurred, on the date stated above, at 9 30 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Broncho-Pneumonia (DURATION) 16 DAYS

(Signed) Edw. V. Fitzgerald M.D.

Address 1118 Druid Hill Ave

Date April 23 1908

Place of Burial Loud Cemetery

Date June 24 1908

Undertaker John H Owens & Son

Address 1222 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B C11595

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 717 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth A. Luthardt.

{Residence, if in Baltimore, Give Street and Number.} 717 Ramsey St.

C 11595

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 9th 1906

AGE 2 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Chas L Luthardt

BIRTHPLACE OF FATHER (State or country) Balt

MAIDEN NAME OF MOTHER Elizabeth H. Ill

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas L Luthardt

(Address) 717 Ramsey St

Filed 4/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1908

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to April 22 1908 that I last saw h[illegible] alive on [illegible] 22 1908, and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet fever

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. E. Beach M.D.

Address 857 N. Fayette St.

Date April 23 1908

Place of Burial Western Cemetery

Date April 23 1908

Undertaker Geo Lewin Carl & Son

Address 647 W Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

3 P.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11596 Registered No. B C11596

CERTIFICATE OF DEATH.

(Place of Death.) No. 1726 Hanford ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn Marie Davey

{Residence, if in Baltimore, Give Street and Number.} No. 1726 Hanford ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 17, 1907

AGE: ..... years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: James E. Davey

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Mary E. Rowley.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary E. Davey.

(Address) 1726 Hanford Ave

Filed 4/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 22, 1908

I HEREBY CERTIFY, That I attended deceased from April 22, 1908 to April 22, 1908 that I last saw her alive on April 22, 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

about 10 days (DURATION) as I was informed DAYS

Contributory (Primary.) Gastro-Intestinal Catarrh (DURATION) DAYS

(Signed) A. A. Elwell, M.D.

Address 1741 Hanford ave

Date April 23 1908

Place of Burial Holy Cross

Date April 24 1908

Undertaker Henry Boecker & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11597

CERTIFICATE OF DEATH.

105

(Place of Death.) No. St Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raymond Hill Teal

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

C11597

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH March 3 1907

AGE 1 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed 4/23 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 22 1908

I HEREBY CERTIFY, That I attended deceased from Apr 12 1908 to Apr 22 1908

that I last saw h living alive on Apr 20 1908,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) acute gastro-enteritis. (DURATION) 4 DAYS

(Signed) Eugene Hayward M.D.

Address 1230 N. Caroline

Date 4-22 1908

Place of Burial St. Peters Cem

Date April 23rd 1908

Undertaker H. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

27

(Place of Death.) No. St Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Fuhrer

{ Residence, if in Baltimore, Give Street and Number. } St. Vin. Inf. Asy.

C 11598

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed 4/23 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 21 1908

I HEREBY CERTIFY, That I attended deceased from Mch 1 190 8 to Apr 21 190 8

that I last saw h— alive on Apr 20 190 8

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T.B.
tuberculosis

(DURATION) DAYS

Contributory (Primary) Tuber-
Pneumonia (DURATION) — DAYS

(Signed) E. P. Hayward M.D.

Address 1235 N Caroline

Date 4-21- 1908

Place of Burial New Cathedral

Date April 22 1908

Undertaker Martin Fraley Engd Assn

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perseased, and the **cause and date of death.**

Registered No. B .....

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Lenthen C. Cox

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy

C11599

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Inf Asylum

(Address)

Filed 4/24 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 22, 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1908 to Apr 22 1908

that I last saw h ..... alive on ..... 190.....

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) E. O. Raymond M.D.

Address 1230 N Carrollton Ave

Date Apr 21, 1908

Place of Burial New Cathedral

Date April 22 1908

Undertaker Martin Fahey Jr Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 11600

C 11600

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Gabriel Craig

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infancy

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infancy

(Address)

Filed 4/23 190 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 21 1908

I HEREBY CERTIFY, That I attended deceased from Apr — 1908 to Apr 21 1908

that I last saw h[illegible] alive on ..... 190.....

and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Edward [illegible] M.D.

Address 1235 N Carlton

Date 4-21 190 8

Place of Burial New Cathedral

Date April 22 190 8

Undertaker Martin Gahey

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11601

56

CERTIFICATE OF DEATH.

(Place of Death.) No. 861 W. Howard St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret A. Gannon

{ Residence, if in Baltimore, Give Street and Number. } 818 W. Howard St.

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Meehan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Gamy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Anna Wiseman

(Address) 233 — 9th. St, W. Balto

Filed 4/23 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1908

I HEREBY CERTIFY, That I attended deceased from Mar 30 1908 to Apr 22 1908

that I last saw h[illegible] alive on Apr 22 1908,

and that death occurred, on the date stated above, at 3.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Alcohol ism, about 2 yrs (DURATION) — DAYS

(Signed) Chas. J. Kelly M.D.

Address 222 Washington St.

Date April 23— 1908

Place of Burial St. Mary's Cemetery Gov.

Date Apr. 25 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11602

CERTIFICATE OF DEATH.

1st

(Place of Death.) No. 802 Ridgley St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna J. Gampert

{Residence, if in Baltimore, Give Street and Number.} 802 Ridgley St

Duration of Residence in Baltimore. 55 years

C11602

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 27th 1834

AGE: 73 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John C. Lutz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Goldner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna S. Lutz

(Address) 802 Ridgeley St

Filed 4/23 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23d 1908

I HEREBY CERTIFY, That I attended deceased from Apr 5 1908 to Apr 20th 1908

that I last saw her alive on Apr 20 1908

and that death occurred, on the date stated above, at 9 15 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 7 DAYS

Con'ributory (Primary.) Bright's Disease

(DURATION) 90 DAYS

(Signed) C. C. Jump M.D.

Address 1415 Madison Ave

Date Apr 23d 1908

Place of Burial Baltimore Cemetery

Date April 26th 1908

Undertaker Wm. & Jas. John F. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of deceased, and the **cause and date of death.**

Ward ..... C11603 Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 417 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Missouri Lavender

{Residence, if in Baltimore, Give Street and Number.} 417 Orchard St

C11603

Duration of Residence in Baltimore. 20 yrs —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR wh

DATE OF BIRTH I Don't know 1

AGE 54 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER I don't know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burch

(Address) 1117 Dolphin St

Filed 4/23 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 — 1908

I HEREBY CERTIFY, That I attended deceased from Apr 17 1908 to Apr 23 1908 that I last saw h[illegible] alive on Apr 22 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Con'tributory (Primary.) Pulmonary Consumption (DURATION) 1 yr.

(Signed) Chas. J. Kelly M.D.

Address 1111 W. Lexington St

Date Apr 23 — 1908

Place of Burial Mt Auburn Cem

Date April 24 1908

Undertaker J. A. Burch

Address 1107 Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

C11604

Registered No. B.....

City of Baltimore, (No. 423 E. 23 1/2 St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Snowden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1821 (Year)

AGE: 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Snowden

(Address) 423 E. 23 1/2 St

Filed 4/24" 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 31 1908 to Apr 22 1/2 1908

that I last saw h... alive on Apr 21 1908,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Senility & Chronic Diarrhoea

(DURATION) 138 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) D. Grant Scott M. D.

Apr 22 1908 (Address) 3546 Biddle st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Pleasant Cem Balto Co Md

DATE OF BURIAL: April 24 1908

UNDERTAKER: Geo. A. Holland

ADDRESS: 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. St Joseph's Hospital St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Prodani

{Residence, if in Baltimore, Give Street and Number.} 901 Aaron St

Duration of Residence in Baltimore. ?

C11605

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 18 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Orlo Prodani

(Address) 901 Aaron st.

Filed 4/24 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23, 1908

I HEREBY CERTIFY, That I attended deceased from April 22 1908 to Apr 28 1908

that I last saw h.. alive on April 23 1908,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dementia

(DURATION) ? DAYS

Con'ributory (Primary.) Acute Lobar Pneumonia (DURATION) 7 DAYS

(Signed) Eugene L Passano M.D.

Address St Joseph's Hosp.

Date 4-23. 1908

Place of Burial St. Vincent Cem

Date Apr. 24th 1908

Undertaker Hundell Lippel

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C41606

CERTIFICATE OF DEATH.

108

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary J Jenkins

{ Residence, if in Baltimore, Give Street and Number. } 1636 E. Preston ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	August 1832
AGE	76 years, 5 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Albert Melvill
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Dont know
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank T Jenkins

(Address) 1633 E Northam

Filed 4/24 1908 HARRY O. ANDERSON Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1908

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 23 1908

that I last saw h-r alive on April 23 1908

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from

Hypostatic Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Strangulated hernia with stercoral fistula

(DURATION) DAYS

(Signed) John F. Moore M.D.

Address St Joseph's Hospital

Date April 23 1908

Place of Burial ~~Rome Md~~ New Cathedral

Date April 25 1908

Undertaker Wendell Dorsey & Son

Address 378 Mon ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 303 Norwood St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susie Hall

{ Residence, if in Baltimore, Give Street and Number. } 303. Norwood et.

Duration of Residence in Baltimore. Life

C11607

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Shoes Sorts

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Hall

(Address) 303 Norwood St

Filed 4/24 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 22 1908

I HEREBY CERTIFY, That I attended deceased from as known 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.) Sudden

(DURATION) DAYS

(Signed) [illegible] M.D.

Address

Date Apr 23 1908

Place of Burial Mt Auburn Cemetery

Date April 24 1908

Undertaker R St Elliott

Address 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. C 11608

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 845 St Peter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H Green

{Residence, if in Baltimore, Give Street and Number.} 845 St Peter st.

Duration of Residence in Baltimore. Life

C 11608

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 27 1882

AGE 25 years, 4 months 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Gruner

Address 944 St Peter st

Filed 4/24 1908

HARRY O. ANDREWS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1907 to April 23 1908

that I last saw him alive on April 23 1908

and that death occurred, on the date stated above, at 5.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

14 months (DURATION) DAYS

Contributory (Primary.) Anaemia

(DURATION) 1 DAY

(Signed) Jos. E. Muse M.D.

Address 833 Columbia Ave

Date April 25 1908

Place of Burial Loudon Park

Date April 26 1908

Undertaker John H Logan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Registered No. B [redacted]

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Angelo D Anna

{Residence, if in Baltimore, Give Street and Number.} 610 E Pratt St (Anchor Hotel)

Duration of Residence in Baltimore.

C11609

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holyday.

(Address) BAY VIEW ASYLUM Supt.

Filed 4/24 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21 1908

I HEREBY CERTIFY, That I attended deceased from April 18 1908 to April 21 1908 that I last saw him alive on April 21 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date April. 22 1908

Place of Burial Sacred Heart

Date April 24" 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C11610

Registered No. B.....

City of Baltimore, (No. 944 Burgundy St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Sadie E Kraft

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feby 1 1891 (Month) (Day) (Year)
AGE	17 years, 2 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Louis Hess
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Emma F Ford
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Hess

(Address) 944 Burgundy St

Filed 4/24 1908 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 23 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 25 1908 to Apr 23 1908

that I last saw her alive on Apr 22 1908

and that death occurred, on the date stated above, at 1 P M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 1 M (DURATION) DAYS

Contributory general asthenia 1 mo (DURATION) DAYS

(Signed) H. E. Krupp M. D.

Apr 24 1908 (Address) 1002 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 25 1908
UNDERTAKER	ADDRESS
M. J. Tickner & Sons	425 N. Howard

WM. J. C. DULANY CO., BALTIMORE

Ward 17 C1611 Registered No. B C1611

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 327 S. Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza J. Dillon

{Residence, if in Baltimore, Give Street and Number.} 327 S. Woodyear

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 17 1822

AGE 86 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Young

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Cunningham

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno R Dillon Jr

(Address) Monument & Mosher Sts

Filed 4/24 1908 BARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190 9

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Old age
Arterio Sclerosis
Sudden (DURATION) DAYS

Con'tributory (Primary.) (DURATION) DAYS

(Signed) Bruce Jones M.D.

Address Dobbs Ferry

Date April 23 1908

Place of Burial Western Cem.

Date Apr 24 1908

Undertaker W J Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

Tickner

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C1612

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1011 Pross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen. Fulton

{Residence, if in Baltimore, Give Street and Number.} 1011 Pross

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 28 1848

AGE 60 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Sarah Gasnell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 4/24 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1908

I HEREBY CERTIFY, That I attended deceased from March 24 1908 to April 22 1908 that I last saw h er alive on April 22 1908 and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) DAYS

Contributory (Primary.) Acute Nephritis (DURATION) 28 DAYS

(Signed) S. McLaughlin M.D.

Address 602 S Paca St

Date April 23 1908

Place of Burial Laurel Md

Date Apr 25 1908

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 Registered No. B 11613

CERTIFICATE OF DEATH.

36

(Place of Death.) No. 1443 Vincent Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Stella Powell

{Residence, if in Baltimore, Give Street and Number.} 1443 Vincent Alley

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: black

DATE OF BIRTH: April 21st 1908

AGE: ....years, ...months, one days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED: infant

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Wm Powell

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Stella Booze

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Powell.

(Address) 1443 Vincent St.

Filed 4/24 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22d 1908

I HEREBY CERTIFY, That I attended deceased from April 21st 1908 to April 22 1908

that I last saw him alive on April 21st 1908

and that death occurred, on the date stated above, at 5.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hereditary syphilis

(DURATION) ....DAYS

Con'ributory (Primary.) Congenital

(DURATION) ....DAYS

(Signed) Wm F. Donnelly M.D.
4th yr student Atlantic Med College

Address 1125 Mount St.

Date April 22d 1908

Place of Burial JOHNS HOPKINS HOSPIT

Date APR 23 1908 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

4
8

Registered No. B 11614

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Goodahl

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 4 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Denmark.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 4/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 13 1908 to April 22 1908 that I last saw h[illegible] alive on April 22 1908, and that death occurred, on the date stated above, at 4.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broken Compensation

(Heart Disease)

(DURATION) — DAYS

Contributory (Primary.) Oedema

Exhaustion (DURATION) DAYS

(Signed) H. N. Eshleman M.D.

Address Balto City Hospitals

Date April 22 — 1908

Place of Burial JOHNS HOPKINS HOSPIT[illegible]

APR 23 1908

Date 190

Commissioner Health.

Undertaker Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

8 4 4/24

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

C11615 Registered No. B C11615

64

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~203~~ 302 E. Springer St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Amelia Whittington

{ Residence, if in Baltimore, Give Street and Number. } ~~2034~~ 302 E. Spring

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Anderson

BIRTHPLACE OF FATHER (State or country) M. D.

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) M. D.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Whittington

(Address) 302 E. Spring St.

Filed 4/24 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Apr. 23 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr. 23 1908 that I last saw h er alive on Apr 16 1908 and that death occurred, on the date stated above, at 8:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Chemorrhage

Causing paralysis

(DURATION) 22 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) G. G. Rust M.D.

Address 2000 E. Balt. St.

Date Apr. 24 1908

Place of Burial Laurel Cemetery

Date April 26th 1908

Undertaker J. H. Braun & Son

Address 1108 W. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 61616

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Rud

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hellyday Supt

(Address) BAY VIEW ASYLUM.

Filed 4/24 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 23 - 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 27 1908 to April 23 1908

that I last saw him alive on April 23 1908

and that death occurred, on the date stated above, at 2 52 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) DAYS

Contributory (Primary) Arterio-Sclerosis

(DURATION) DAYS

(Signed) Robt. H. Bay M.D.

Address Bay View

Date April 23 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 23 1908 190

Undertaker Geo Thompson

Address 1825 Hope St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C11617 Registered No. B C11617

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 3108 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith May Snyder

{Residence, if in Baltimore, Give Street and Number.} 3108 E. Baltimore st

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 20th 1

AGE: 15 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Petersburg Pa.

FULL NAME OF FATHER: John A. Snyder.

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Ellen M. Murdoch.

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Snyder

(Address) 3108 E. Baltimore st

Filed 4/24 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1908

I HEREBY CERTIFY, That I attended deceased from March 3rd 1908 to April 22nd 1908 that I last saw h Sd alive on April 22nd 1908, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAY

(Signed) H. A. Snyder M.D.

Address 3426 E. Balto St

Date April 23 - 1908

Place of Burial Petersburg Huntingdon Co. Pa.

Date April 25/08

Undertaker Christian Miller

Address 2334 Jefferson st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 011618

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1106 Hanover St. St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Charles Burkhardt

{ Residence, if in Baltimore, Give Street and Number. } 1106 Hanover St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Fredrick Burkhardt

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C. Burkhardt

(Address) 1106 Hanover St

Filed 4/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 22nd 1908

I HEREBY CERTIFY, That I attended deceased from April 14th 1908 to April 22 1908 that I last saw him alive on April 21st 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea

(DURATION) 2 DAYS

Contributory (Primary) Pneumonia

One week (DURATION) 1 DAYS

(Signed) J. K. Riley M.D.

Address 7 W. Mt Vernon Pl

Date: April 23rd 1908

Place of Burial Cathedral Cemetery

Date April 25 1908

Undertaker D. F. & M. St. Flynn

Address 428 West St.

WM. J. C. DULANY CO., BALTIMORE

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B C11619

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 338 Dover St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Marnie E Gray

{ Residence, if in Baltimore, Give Street and Number. } 338 Dover St

C11619

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Louis Gray

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Bertha Gray

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jenkerson

(Address) 338 Dover St

Filed 4/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 22 April 1908

I HEREBY CERTIFY, That I attended deceased from April 21 1908 to April 22 1908 that I last saw h— alive on April 22 1908, and that death occurred, on the date stated above, at 2-20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia contracted

Death

(DURATION) 6 DAYS

Contributory (Primary.) Death

(DURATION) 6 DAYS

(Signed) Dr C W Bernard M.D.

Address 708 Conda Ave

Date April 23 1908

Place of Burial Mt Auburn Cemetery

Date April 24 1908

Undertaker Wes H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C11620

159

CERTIFICATE OF DEATH.

(Place of Death.) No. The University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank H Levering

{ Residence, if in Baltimore, Give Street and Number. } Hunting Lane - Catonsville

Duration of Residence in Baltimore. 19 hours.

C 11620

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Nov 18th 1884

AGE: 23 years, 5 months, 5 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City Md

FULL NAME OF FATHER: Wm. T. Levering

BIRTHPLACE OF FATHER (State or country): Balto City Md

MAIDEN NAME OF MOTHER: Cassie Brooke

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry W. Jenkins

(Address) 300 W. Madison St

Filed 4/27 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 23 1908

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumatic emphysema following pneumonia due to pistol shot wound.

Suicide (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Apr 25 1908

Place of Burial Gr Evergreen Cem

Date April 25th 1908

Undertaker H. W. Jenkins & Son Co

Address 308 W. Madison St

WM. J. C. DULANY CO., BALTIMORE

See following certificate.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C1620 Registered No. B C1620

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Frank H. Levering

{ Residence, if in Baltimore, Give Street and Number. } Catonsville, Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 18- 1884

AGE 23 years, 5 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER Wm F Levering

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Estelle Brooke

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Henry W Jenkins

Address 300 W Madison St

Filed 4/24 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1908

I HEREBY CERTIFY, That I attended deceased from April 22 1908 to April 23 1908

that I last saw him alive on April 23 1908,

and that death occurred, on the date stated above, at 2 30 a. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Traumatic Emphysema (DURATION) DAYS

(Signed) Edw Roberts M.D.

Address University Hospital

Date April 23rd 1908

Place of Burial Greenmount Cem

Date April 25 1908

Undertaker Henry W. Jenkins Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... C11621 Registered No. B C11621

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George T. Clark

{Residence, if in Baltimore, Give Street and Number.} 748 Fort Ave

Duration of Residence in Baltimore. 62 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1846

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo. Clark

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22. 1908

I HEREBY CERTIFY, That I attended deceased from April 8 1908 to April 22 1908 that I last saw h~~im~~ alive on April 22 1908, and that death occurred, on the date stated above, at 11:35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date April 23 1908

Place of Burial, Balto Cem

Date Apr. 24 1908

Undertaker L. L. Gelsey & Son

Address 1362 Madison

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1655 E. Biddle St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles L. McCafferty

{Residence, if in Baltimore, Give Street and Number.} 2500 E. Biddle St.

Duration of Residence in Baltimore.

C 11622

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: June 18 1862

AGE: 45 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Arthur McCafferty

BIRTHPLACE OF FATHER (State or country): Irland.

MAIDEN NAME OF MOTHER: Eliza Cardwell.

BIRTHPLACE OF MOTHER (State or country): Irland.

OCCUPATION OF DECEASED: Brush Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel J. McCafferty

Address 705 Newington Av.

Filed 4/24 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 - 1908

I HEREBY CERTIFY, That I attended deceased from April 12 - 1908 to April 23 - 1908

that I last saw h[illegible] alive on " " 1908

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

5. Months (DURATION) DAYS

Con'tributory (Primary) ✓ (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date April 24 - 1908

Place of Burial New Cathedral Cem.

Date April 25th 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

W. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 011623

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 131 N Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Kreusler

{Residence, if in Baltimore, Give Street and Number.} 131 N Pine

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Nov 25th 1837
AGE	70 years, 5 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kreusler

(Address) 131 N. Pine St

Filed 4/24 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 30 1908 to April 22 1908 that I last saw h.r alive on April 22 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Leiirhous Cancer of the Intestines causing Cemarkaye

Six months (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) V Vanvalkenburgh M.D.

Address 601 N Carrollton Ave

Date April 22 1908

Place of Burial St. Mathews Cem

Date April 25/08 1908

Undertaker J. Herring & Son

Address 2008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B C11624

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1631 Clarkson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hilda C. Franck

{Residence, if in Baltimore, Give Street and Number.} 1631 Clarkson St

Duration of Residence in Baltimore. Life C11624

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 15" 1907

AGE ... years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Albert Franck

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary A. Bookes

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Franck

(Address) 1631 Clarkson St

Filed 4/24 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24" 1908

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 24 1908 that I last saw her alive on April 23 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS.

Contributory (Primary.) Chronic Bronchitis (DURATION) Indefinite DAYS

(Signed) R.E.L. Campbell M.D.

Address 1644 Hanover

Date April 24 1908

Place of Burial Balto Cem

Date April 25" 1908

Undertaker C. Sahlsman & Son

Address 1849 Hanover

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11625 Registered No. B C11625

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine E. Harper

{Residence, if in Baltimore, Give Street and Number.} 917 E. Chase St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W. Wht

DATE OF BIRTH: ..... 1.....

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Henry Hatten

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Marie Kalbfus.

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E O. Ruckholt

(Address) 917 E Chase St

Filed 4/24 1905

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl. 23. 1905

I HEREBY CERTIFY, That I attended deceased from May 22. 1904 to Apl. 23. 1905 that I last saw h[illegible] alive on ~ . 1905 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia Dysentery

(DURATION) 3 or 4 DAYS

Contributory (Primary.) Arterio Sclerosis (DURATION) 1 year. DAYS.

(Signed) Geo A Hartman M.D.

Address 1121 N Carolina St.

Date Apl 23. 1905

Place of Burial Mt Olivet Cem

Date Apr. 26 1905

Undertaker Lowndes

Address 502 S Howard.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11626 Registered No. B C11626

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1508. E. Monument St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjiman F Wroten

{Residence, if in Baltimore, Give Street and Number.} 1508. E. Monument St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Aug. 2. 1832

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER David Wroten

BIRTHPLACE OF FATHER (State or country) Centreville Md.

MAIDEN NAME OF MOTHER Mary. Barton

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reigner Wroten

(Address) 1508. E. Monument St

Filed 4/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23d 1908

I HEREBY CERTIFY, That I attended deceased from March 15th 1908 to apr 23d 1908 that I last saw h'm alive on apr 23d 1908 and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

(DURATION) 39 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Edw. M. Longwood M.D.

Address 57 N. Washington St.

Date April 23d 1908

Place of Burial Mt. Carmel

Date Apr. 25/08 190

Undertaker Wm. Cook.

Address 502 E. Wells ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11627 Registered No. B C11627

118

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ada B. Lowe

{Residence, if in Baltimore, Give Street and Number.} 1708 W. Lombard st

Duration of Residence in Baltimore 4 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1

AGE 25 years, — months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Harford Co Md

FULL NAME OF FATHER Laban Lowe

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret Taylor

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laban Lowe

(Address) 1708 W Lombard St

Filed 4/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1908

I HEREBY CERTIFY, That I attended deceased from April 9 1908 to April 23 1908 that I last saw h ... alive on April 23 1908, and that death occurred, on the date stated above, at 12.10 a. M. CAUSE OF DEATH (Secondary or Immediate) Cardiac asthenia and septic pneumonia.

(DURATION) 10 DAYS

Contributory (Primary.) Appendicitis with general peritonitis (DURATION) 14 DAYS

(Signed) Frank D. Lyon M.D.

Address University Hospital

Date April 23 1908

Place of Burial Fawn Grove Pa

Date April 24/08 190...

Undertaker Williams Booth

Address 526 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... C11628 Registered No. B ... C11628

CERTIFICATE OF DEATH. 120

(Place of Death.) No. Mallory Hosp St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } Unknown

Duration of Residence in Baltimore. —

C11628

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR C

DATE OF BIRTH 1

AGE adult 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 4/24 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 23 1908

I HEREBY CERTIFY, That I attended deceased from Apr 20 1908 to Apr 23 1908

that I last saw him alive on Apr 23 1908,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

Tonsilitis (DURATION) 3 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) [illegible] M.D.

Address ...

Date Apr 23 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 24 1908 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address ...

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward ..... Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 2004 Fairmount av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles E. Lightner

{Residence, if in Baltimore, Give Street and Number.} 2004 Fairmount av

Duration of Residence in Baltimore. Life

C 11629

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: March 24 1908

AGE: — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Adam Lightner

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Alverda Chaney

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Lightner Jr

(Address) 2004 Fairmount Ave

Filed 4/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 24 1908

I HEREBY CERTIFY, That I attended deceased from April 23 1908 to April 23 1908

that I last saw him alive on April 23 1908

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion (DURATION) 1 DAYS

Con'tributory (Primary.) —

Bronchopneumonia (DURATION) 3 DAYS

(Signed) John T Avery M.D.

Address 1823 N Broadway

Date April 1908

Place of Burial Mt Carmel

Date April 26 1908

Undertaker H. E. Leighton

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C11630 Registered No. B C11630

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1719 Gough St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Carrie W Heise

{Residence, if in Baltimore, Give Street and Number.} 1719 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Aug 18 1879

AGE 28 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Julius Kramer

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Semler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur S Heise

(Address) 1719 Gough St

Filed 4/24/08 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec 22 1907 to April 22 1908 that I last saw h[illegible] alive on April 22 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonalis (DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) J. L. Kurtz M.D.

Address 1610 E. Baltimore.

Date Balto. Apl. 22nd 1908.

Place of Burial Oak Lawn Cemetery

Date Apl 25 1908

Undertaker Robt Schumer

Address 447 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11631 Registered No. B

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 734 N. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Felling

{Residence, if in Baltimore, Give Street and Number.} 737 N. Franklin St.

Duration of Residence in Baltimore. 43 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 43 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Gutz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annia Reincal

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry A Felling

(Address) 820 Port St

Filed 4/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to April 23 1908 that I last saw h[illegible] alive on April 23 1908, and that death occurred, on the date stated above, at 2:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (DURATION) 5 DAYS

Contributory (Primary) Pleurisy (DURATION) 15 DAYS

(Signed) L. E. Black M.D.

Address 837 N. Fayette St

Date April 24 1908

Place of Burial Mt Carmel Cem

Date April 26 1908

Undertaker H. C. Breuning

Address 5 E. Appleton St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C11632 Registered No. B C11632

154

CERTIFICATE OF DEATH.

(Place of Death.) No. W. Md R.R. pier Port Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W Yingling

{Residence, if in Baltimore, Give Street and Number.} 1722 Light St.

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 24 1881

AGE 27 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER Jodoc Yingling

BIRTHPLACE OF FATHER (State or country) Frederick Co Md.

MAIDEN NAME OF MOTHER Margaret Yeisley

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md

OCCUPATION OF DECEASED Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin H. Yingling (brother)

(Address) 1722 Light St

Filed 4/25-08 MARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Living since April 14 1908~~ Body found April 24 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo M Leinhardt M.D.
Coroner

Address

Date April 24 1908

Place of Burial Cedar Hill

Date Apr 25 1908

Undertaker J. F. Falkenstone

Address 1613 W Hillsman St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11633

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11 2

CERTIFICATE OF DEATH.

C11633

Registered No. B.....

City of Baltimore, (No. 119 Dolphin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles R. H. Medinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 10 (Day) 1862 (Year)

AGE: 46 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Geo. H. Medinger

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E. Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Medinger

(Address) 119 Dolphin St

Filed 4/25 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 27 1908 to Apl 23 1908 that I last saw h im alive on Apl 23 1908, and that death occurred, on the date stated above, at about 12 M. (noon) The CAUSE OF DEATH was as follows:

Cirrhosis of Liver

Some years (DURATION) DAYS

Contributory Sciatica, General Anasarca Pne. Oedema, Exhaustion (DURATION) 60 DAYS

(Signed) Robert W. Mifflin M. D.

Apl 23 1908 (Address) 1076 Mad. av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: April 25 1908

UNDERTAKER: Albert C Fuller — ADDRESS: 221 N Broadway

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C11634 Registered No. B C11634

CERTIFICATE OF DEATH.

(Place of Death.) No. 1710 E. Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelm Albrecht Heitmueller

{Residence, if in Baltimore, Give Street and Number.} 1710 E. Pratt St.

Duration of Residence in Baltimore. 63 years C11634

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 20th 1822

AGE: 86 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wilhelm H. Heitmueller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dorothea A Heitmueller

(Address) 819 N. Broadway

Filed 4/25 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 — 1908

I HEREBY CERTIFY, That I attended deceased from April - 10 1908 to April 23 1908 that I last saw h — alive on April 22 1908, and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Senility — Cum Cardiac dis - (Nephritis)

Months — (DURATION) DAYS

Contributory (Primary) General anasarca (DURATION) DAYS

(Signed) J C Mercer M.D.

Address 125 W Baltimore

Date April 24/08 — 190

Place of Burial Balto. Cemetery

Date April 25th 1908

Undertaker Germania Trance

Address 703 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11635 Registered No. B C11635

CERTIFICATE OF DEATH. 40

(Place of Death.) No. Md. General Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Kreil

{Residence, if in Baltimore, Give Street and Number.} 3232 Wolfe St Canton

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 22nd 1857

AGE 57 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Ger. Krill

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Boxmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Krill

(Address) 2826 Dillon St.

Filed 4/26 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 23 1908

I HEREBY CERTIFY, That I attended deceased from Apr 15 1908 to April 23 1908

that I last saw h alive on " " 1908,

and that death occurred, on the date stated above, at 5 G. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary) Carcinoma Stomach (DURATION) 1 yr DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Apr. 23, 1908

Place of Burial Oak Lawn Cemetery

Date April 26" 1908

Undertaker H. Lander & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77

CERTIFICATE OF DEATH.

Registered No. B C11636

City of Baltimore, (No. 538, Elbow Lane St., 22d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Hollis

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	colored
DATE OF BIRTH	(Month) (Day) 1 Year)
AGE	17 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	Samuel Hollis
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Bertinia Bassell
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Millie Woodis

(Address) 538 Elbow Lane

Filed 4/25 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 — 23 — 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 2 — 22 1908 to 4 — 22 1908

that I last saw him alive on 4 — 22 1908,

and that death occurred, on the date stated above, at 8 o'cl A. M. The CAUSE OF DEATH was as follows:

Anasarca - Dropsy

(DURATION) 90 DAYS

Contributory Hepatic - Pericarditis

(DURATION) 5 DAYS

(Signed) L. D. Byers M. D.

4-23 1908 (Address) 1113 Argyle ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	April 25 1908
UNDERTAKER	ADDRESS
John A. Toadvine	1424 W. Hill

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C1637 Registered No. B C1637

CERTIFICATE OF DEATH. 129

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name York Wells (Wells)

{ Residence, if in Baltimore, Give Street and Number. } # 15 Auburn Ave

Duration of Residence in Baltimore 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mc Lanahan

(Address) 1913 Guilford Ave

Filed 4/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to April 23 1908

that I last saw h[illegible] alive on April 23 1908,

and that death occurred, on the date stated above, at 11

M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis following

removal of Gallstones

Uterus (DURATION) 3 DAYS

Contributory (Primary.) Epilepsy (DURATION) 1 DAYS

(Signed) H H Eshleman M.D.

Address Back Cty Ninth

Date April 24 1908

Place of Burial Laurel

Date April 25 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11638 Registered No. B C11638

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 Callender al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Stroud Cole

{ Residence, if in Baltimore, Give Street and Number. } 10 Callender al

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Unknown

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar.

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacie Cole

(Address) 10 Caecander al.

Filed 4/25 190 8 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 23 1908

I HEREBY CERTIFY, That I attended deceased from Apl 10 190 8 to Apl 23 190 8

that I last saw it ~~—~~ alive on Apl 23 190 8,

and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

1 yr. (DURATION) DAYS

Contributory (Primary.) Anthrax

(DURATION) DAYS

(Signed) W Monnett M.D.

Address 39 Fayette St

Date Apl 23 1908.

Place of Burial Laurel

Date April 26 1908

Undertaker P A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11639 Registered No. B C11639

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 724-N. Mulberry St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Elizabeth Martin

{Residence, if in Baltimore, Give Street and Number.} 724 N Mulberry St

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Darlington S. C.

FULL NAME OF FATHER: Patrick Lindsey

BIRTHPLACE OF FATHER (State or country): S. C.

MAIDEN NAME OF MOTHER: Lousa Alexander

BIRTHPLACE OF MOTHER (State or country): S. C

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. R. Martin

(Address) 724 W. Mulberry St

Filed 4/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 23 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 11 1908 to April 23 1908

that I last saw h-- alive on April 25 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Robt. G. Schmidt M.D.

Address 424 - East 23 St

Date Apr. 23 1908

Place of Burial Darlington. S. C

Date Apr 26 1908

Undertaker R. A. Elliott

Address 536 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11640 Registered No. B C11640

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Middle Court, (Cedar Row) Baldwin — St. + Pleasant Ave.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nettie Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 912 Middle Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

1

AGE 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hillian Dorsey

BIRTHPLACE OF FATHER (State or country) St Mark Co

MAIDEN NAME OF MOTHER Rachel Gordon

BIRTHPLACE OF MOTHER (State or country) St Mark Co

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena M Dorsey

(Address) 913 Middle St

Filed 4/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24th 1908

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

Unknown ..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave. (Coroner)

Date April 24th 1908

Place of Burial Mt Lebanon Cemetery

Date April 25 1908

Undertaker Robert A Elliott

Address 5-0 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CL1641

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

80

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11641

City of Baltimore. No. 1507 Linden Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mr Antoinette Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July (Month) 31 (Day) 1839 (Year)

AGE 68 years, 8 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Wilmington Del

FULL NAME OF FATHER G. A. Thompson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Morris Jane

BIRTHPLACE OF MOTHER (State or country) Phila

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) W. L. Thompson

(Address) 1507 Linden Ave

Filed 4/25 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from about April 8th 1908 to April 24th 1908 that I last saw h alive on April 22nd 1908, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) Few Days

Contributory None

(DURATION) DAYS

(Signed) H. F. Hill M. D.

April 24 1908 (Address) 1200 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	April 27 1908
UNDERTAKER	ADDRESS
Jos B Cook	1003 N Bond St

WM. J. C. DULANY CO., BALTIMORE

Ward 10 C11642 Registered No. B C11642

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 932 Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Loretta Radigan

{Residence, if in Baltimore, Give Street and Number.} 932 Hoffman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ... 1 ...

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John J. Radigan

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Annie Doyle

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mamie Fields

(Address) 932 Hoffman St.

Filed 4/25 1908 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23rd 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to 23rd April 1908

that I last saw h[illegible] alive on 23rd April 1908

and that death occurred, on the date stated above, at 3 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma — Uremia

(DURATION) ... DAYS

Contributory (Primary.) Bright's Disease over 2 Years (DURATION) 30 DAYS

(Signed) Robt. B. Reynolds M.D.

Address 809 N. Chapel St.

Date April 24th 1908

Place of Burial New Cathedral Cemetery

Date April 27th 1908

Undertaker Henry Hoeke & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward

C11643 Registered No. B C11643

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2327 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Romaine E Schilling

{ Residence, if in Baltimore, Give Street and Number. } 2327 Ashland Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 19 1906

AGE 1 years, 9 months, 4 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER William Schilling

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mildred Schaffer

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm William Schilling

(Address) 2327 C Ashland Ave.

Filed 4/25 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23. 1908

I HEREBY CERTIFY, That I attended deceased from 21 April 1908 to 23 April 1908 that I last saw her alive on 23 April 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Profound Sepsis and Prostration

(DURATION) One DAY

Contributory (Primary.) Ileo-Colitis

(DURATION) 3 DAYS

(Signed) W. C. Sandrock M.D.

Address 1242 N. Broadway

Date April 24. 1908

Place of Burial Baltimore Cemetery

Date April. 26 1908

Undertaker Henry Storck Son

Address 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 011644

City of Baltimore, (No. 709, E. 24 St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Ida C. Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: February (Month) 27 (Day) 1867 (Year)

AGE: 41 years, 2 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Davis Baker

BIRTHPLACE OF FATHER (State or country): Falmouth Mass

MAIDEN NAME OF MOTHER: Celia Brewer

BIRTHPLACE OF MOTHER (State or country): St Mary's Co. Md

OCCUPATION OF DECEASED: Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. E. Graham

(Address) 912 E. Biddle

Filed 4/25/08 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1906 to April 24 1908

that I last saw h[er] alive on April 22 1908,

and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Apoplexy and Hemiplegia

(DURATION) 4 DAYS

Contributory Pulmonary Tuberculosis

(DURATION) 1 yr DAYS

(Signed) John A. Brooks M. D.

April 27 1908 (Address) 5 W. Saratoga

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Apr. 27 1908
UNDERTAKER	**ADDRESS**
H. C. Weidefeld	914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C11645 Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 804 W. Saratoga St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Hanson

{ Residence, if in Baltimore, Give Street and Number. } 804. W. Saratoga St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Wm. H. Hanson,

BIRTHPLACE OF FATHER (State or country): Baltimore City.

MAIDEN NAME OF MOTHER: Barbara Howser,

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Hanson,

(Address) 804 W. Saratoga St.

Filed 4/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 25 1908 to April 27 1908 that I last saw h[illegible] alive on April 26 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Emaciation
Exhaustion

(DURATION) 20 DAYS

Contributory (Primary) Neurasthenia
2. Months (DURATION) 10 DAYS

(Signed) W. K. Wiley M.D.

Address 1 W. N. Carey Sp

Date April 28th 1908

Place of Burial Baltimore Cemetery.

Date April 28 1908.

Undertaker Geo. W. Little,

Address 531 N. Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C11646 Registered No. B C11646

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Peach Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Howard

{Residence, if in Baltimore, Give Street and Number.} 1007 Peach Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: —

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Edward Howard

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Howard

(Address) 1007 Peach Alley

Filed 4/25 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1908

I HEREBY CERTIFY, That I attended deceased from April 18 1908 to April 23 1908 that I last saw h[illegible] alive on April 23 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) 5 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 5 DAYS

(Signed) C. M. Forbes M.D.

Address 1128 Sharp St

Date April 26th 1908

Place of Burial Mt. Auburn Cem.

Date April 25 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C1647 Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1543 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernie Epstein

{Residence, if in Baltimore, Give Street and Number.} 1543 Orleans St.

Duration of Residence in Baltimore. 7 months

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Sept. 1906

AGE 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) ~~Milwaukee~~ City

FULL NAME OF FATHER ~~Nathan Epstein~~

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Nathalie Greenstein

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. Epstein

(Address) 1543 Orleans St

Filed 4/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4. 24. 1908

I HEREBY CERTIFY, That I attended deceased from 4. 23 1908 to 4. 24 1908 that I last saw h im alive on 4. 24 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Diphtheria.

(DURATION) 4 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) — DAYS

(Signed) B. C. Ratzoff M.D.

Address 116 Aisquith St.

Date 4. 25. 1908

Place of Burial Hebrew Boardale Cemetery

Date April 26, 1908

Undertaker Mary Levin

Address 1620 McElderry St.

5 A. M.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

118

CERTIFICATE OF DEATH.

C11648

Registered No. B.....

City of Baltimore, (No. 1633 Pressbury St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Hurley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Not known 1
(Month) (Day) Year)

AGE about 70 years
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Marys Co. Md.

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph L Hurley

(Address) 1633 Pressbury St.

Filed 4/24 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 23 24 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 21st 1908 to Apr. 23 1908

that I last saw him alive on Apr. 23 1908,

and that death occurred, on the date stated above, at 4 P.

M. The CAUSE OF DEATH was as follows:

Appendicitis

(DURATION) 3 DAYS

Contributory Mal Heart, ex Rheumatism.

(DURATION) 2 DAYS

(Signed) E. A. Smith M. D.

Apr. 23 1908 (Address) 1605 N Front Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters cmty	April 26 1908
UNDERTAKER	ADDRESS
Wm J. Johnson	614 Park Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 14 C11649 Registered No. B C11649 18

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 Battery ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William F. Evans

{ Residence, if in Baltimore, Give Street and Number. } 1114 Battery ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Dec~~ Feb. 22 1883

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William F Evans.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: not known.

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nora Evans (Wife)

(Address) 1114 Battery Ave.

Filed 4/25 190 8 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 22nd 1908

I HEREBY CERTIFY, That I attended deceased from April 18th 1908 to April 22nd 1908

that I last saw h~~im~~er alive on April 22nd 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Facial Erysipelas (DURATION) 8 DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles

Date April 23rd 1908

Place of Burial Western Cem.

Date April 25 1908

Undertaker E. Hearle.

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C11650 Registered No. B C11650 N 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 1157 Riverside Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Eloff

{Residence, if in Baltimore, Give Street and Number.} 1157 Riverside Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH April 23 1908

AGE ___ years, ___ months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Albert Eloff

BIRTHPLACE OF FATHER (State or country) New Freedom Pa

MAIDEN NAME OF MOTHER Mary E Cook

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Albert Eloff

(Address) 1157 Riverside

Filed 4/25 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908

I HEREBY CERTIFY, That I attended deceased from 4/23 1908 to 4/24 1908 that I last saw h— alive on 4/24 1908 and that death occurred, on the date stated above, at 5:30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis +

Apomosed

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Turlington M.D.

Address 1126 Edmondson Ave

Date 4/24 1908

Place of Burial Lehmanitz

Date Apr 25/08 190—

Undertaker Wm Cook

Address 502 S Hanover

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX

C11651

Registered No. B C11651

CERTIFICATE OF DEATH.

20

(Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walton Harding

{ Residence, if in Baltimore, Give Street and Number. } 318 Pearl st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Harding

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) V. S. Harding

(Address) 1034 N. Calhoun

Filed 4/25 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908

I HEREBY CERTIFY, That I attended deceased from April 8 1908 to April 24 1908 that I last saw him alive on April 24 1908; and that death occurred, on the date stated above, at 5.10 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure due to a septicemia (streptococcus) of sixteen days duration

(DURATION) DAYS

Contributory (Primary.) Cellulitis of left hand (traumatic) (DURATION) 30 DAYS

(Signed) Frank D. Lyon M.D.

Address University Hospital

Date April 26 1908

Place of Burial Loudon Park

Date Apr 27/08. — 1908

Undertaker Wm. Cook.

Address 502 E. North ave.

WM. J. C. DULANY CO., BALTIMORE.

* Result of accidentally sticking tack in thumb

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C11652 Registered No. B C11652

CERTIFICATE OF DEATH. 18

(Place of Death.) No. 639 Dover St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Scheer

{Residence, if in Baltimore, Give Street and Number.} 639. Dover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Henry Scheer

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary E. Runge

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Diver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa A Scheer

(Address) 639. Dover.

Filed 4/25 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908

I HEREBY CERTIFY, That I attended deceased from April 5 1908 to April 24 1908 that I last saw h alive on April 23 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary.) Chronic

(DURATION) DAYS

(Signed) Edw Schmeisser M.D.

Address 517 Lemmon

Date April 24 1908

Place of Burial Western Cem.

Date Apr 27 1908

Undertaker Wm Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B C11653

C11653

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2234 Oak St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie M Phelps

{Residence, if in Baltimore, Give Street and Number.} 2234 Oak St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alvin J. Phelps

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elmira Pyle

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Gaunthaus

Address 2234 Oak St

Filed 4/25 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24th 1908.

I HEREBY CERTIFY, That I attended deceased from April 1908 to April 24 1908 that I last saw h[illegible] alive on April 24 1908 and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) — DAYS

(Signed) E. H. Brannon M.D.

Address 2025 E. Northern

Date April 24th 1908.

Place of Burial Loudon Park

Date April 27 1908

Undertaker Woodcock

Address 502 E. Madison

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C11654

Registered No. B 72

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 Canton Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roman Wegrocki

{Residence, if in Baltimore, Give Street and Number.} #1617 Canton Av

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Romuald Wegrocki

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Budzinska.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Romuald Wegrocki

(Address) 1711 Canton ave

Filed 4/25 190 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908

I HEREBY CERTIFY, That I attended deceased from April 24 1908 to April 24 1908

that I last saw him alive on April 24 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Trismus Suscerdans

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Johnd H. Rehberger M.D.

Address #1709 Aliceanna St

Date April 25th, 1908

Place of Burial Holy Rosary.

Date APR 26 1908 190

Undertaker M. F. SADOWSKI.

Address 703 S. ANN ST.

BALTIMORE, MD

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11655 Registered No. B C11655

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Apl 708 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John antonick

{Residence, if in Baltimore, Give Street and Number.} 708 S Bond

Duration of Residence in Baltimore. 1yr

PERSONAL AND STATISTICAL PARTICULARS

SEX m | COLOR w

DATE OF BIRTH Apl 24 1908

AGE ..... years, ... months, 5 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Julian antonick

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Antonick

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/25 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 24 1908

I HEREBY CERTIFY, That I attended deceased from Apl 24 1908 to Apl 24 1908 that I last saw h alive on Apl 24 1908, and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) 5 hrs DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J J Weintraub M.D.

Address 16 S Broadway

Date Apl 24 1908

Place of Burial Holy Rosary

Date APR 25 1908 1908

Undertaker M. F. SADOWSKI

Address 703 S. ANN ST.

WM. J. C. DULANY CO., Baltimore. BALTIMORE, MD.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C11656

CERTIFICATE OF DEATH.

106

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Patterson

{ Residence, if in Baltimore, Give Street and Number. }

C 11656

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1830

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Bernard Patterson

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Penuelop Connell

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 4/25 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 25 th, 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h im alive on April 23 1908,

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

Several weeks (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Wanner M.D.

Address 1133 Valley st

Date April 25 1908

Place of Burial Cathedral

Date April 27 1908

Undertaker F. C. Friedfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., Baltimore

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C11657 Registered No. B 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 2932 - Clifton ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Helen M. Koehler

{Residence, if in Baltimore, Give Street and Number.} 2932 - Clifton ave.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: May 16 - 1870

AGE: 37 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~single~~ married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Adam Kratzer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elisabeth Dorbert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Adam J Kratzer

(Address) 2213 E Fairmount ave

Filed 4/25 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April - 24 - 1908

I HEREBY CERTIFY, That I attended deceased from Febr 22 1908 to April 24 1908 that I last saw her alive on April 22 1908, and that death occurred, on the date stated above, at 5.44 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Chronic pancreatitis glycosuria, edema (DURATION) 61 DAYS

(Signed) Pierre G. Dawson M.D.

Address 121 Jackson Square

Date April - 24 1908

Place of Burial Holy Redeemer

Date April 27 1908

Undertaker Jos J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

C11658 Registered No. B ~~C11657~~ 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 933 S. Howard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name E. Bernie Jackson

{Residence, if in Baltimore, Give Street and Number.} 933 S. Howard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 8 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Howard Jackson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Eulah Woodland

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Jackson

(Address) 933 S. Howard St

Filed 4/25 1908

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

4/25 1908 HARRY C. ANDREWS,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April ~~27~~ 25 1908

I HEREBY CERTIFY, That I attended deceased from ~~Feb 29~~ 1908 to April 23 1908

that I last saw her alive on April 20 1908,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns

(DURATION) 7 W DAYS

Contributory (Primary.) Septicaemia

(DURATION) 7 W DAYS

(Signed) A. H. Force M.D.

Address 713 S. Front St

Date April 25 1908

Place of Burial Mt. Auburn Cem.

Date April 25 1908

Undertaker John F. Loadman

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 11 C11659 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Hotel Belvedere St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno. N. Camden

{Residence, if in Baltimore, Give Street and Number.} Parkersburg W. Va.

Duration of Residence in Baltimore. 1 month

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH March 6th 1828

AGE 80 years, 1 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Henry Camden

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. J. H. Philbin

(Address) Parkersburg W. Va.

Filed 4/25 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 25 1908

I HEREBY CERTIFY, That I attended deceased from Apr 5 1908 to Apr 25 1908 that I last saw him alive on Apr 25 1908 and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexis & Cystitis

About (DURATION) 14 DAYS

Contributory (Primary.) Cystitis

long Standing (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1 E Centre St

Date Apr 25 1908

Place of Burial Parkersburg W. Va.

Date April 25th 1908

Undertaker Henry W. Jenkins & Son

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who shall have attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours*** after ***death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11660

City of Baltimore, (No. 2218 Brunt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Bond

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH April 28 1906
(Month) (Day) Year)

AGE 2 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Bond

(Address) 2218 Brunt St

Filed 4/25 " 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to April 28 1908 that I last saw h alive on April 28 1908, and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

About 8 months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) G. Mellor Mott M. D.

190 (Address) 39 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Bellair[illegible] | DATE OF BURIAL [illegible] 1908

UNDERTAKER

C-11661
thru
C-11666

Ward ..... Registered No. B C11667

CERTIFICATE OF DEATH.

113

(Place of Death.) No. 1523 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elverda Hood

C122165

{Residence, if in Baltimore, Give Street and Number.} 1523 W Lombard st

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 18 1838

AGE 69 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER James Mc Allister

BIRTHPLACE OF FATHER (State or country) Balto Co.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Hood

(Address) 1523 W Lombard st

Filed 4/26 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908

I HEREBY CERTIFY, That I attended deceased from Mar 13 1908 to April 24 1908 that I last saw h[illegible] alive on April 24 1908, and that death occurred, on the date stated above, at 9 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

— (DURATION)

Contributory (Primary.) Gan Gl

5 Years (DURATION)

(Signed) James Boaley M.

Address 1701 Hollins st

Date April 25

Place of Burial Loudan Park

Date April 27th

Undertaker E Madison

Address 1201 W [illegible]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her sickness, or the Coroner, when the case comes under his to furnish, within *eighteen hours after death*, to the undertaker, or other person superintending the burial, a certificate with as far as the same can be ascertained, the full *cause and date* of death, *sex, age, condition* (whether married or single) of the person

Ward 14 C11668 Registered No. B C11668

CERTIFICATE OF DEATH. 36

(Place of Death.) No. St. Vincents Infant Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Alopsia Williams

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infant Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR N.

DATE OF BIRTH Aug 3 1907

AGE ..... years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) City

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address)

Filed 4/26 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 24, 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr 24 1908 that I last saw her alive on Apr 23 1908 and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate

Malnutrition

(DURATION) DAYS

Contributory (Primary.) Syphilis

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carrollton Av

Date 4-24. 1908

Place of Burial New Cathedral

Date April 26 1908

Undertaker Martin Gahey & Son

Address 606 Lafayatte Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11669 Registered No. B C11669

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincent Infantry St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Joseph Earle Dawes

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 23 1908

AGE ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 4/26 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 23 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr 23 1908

that I last saw h[illegible] alive on Feb 25 1908

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. J. Hayman M.D.

Address 1230 N Carolyne.

Date 4-24 1908

Place of Burial New Cathedral

Date April 26 1908

Undertaker Martin Finnegan & Son

Address 676 Lafayette Ave

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C11670 Registered No. B C11670

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincent Inf. Asy., St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgiana Burch

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: Col.

DATE OF BIRTH: Jan 1 1908

AGE: years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) HARRY C. ANDERSON, PERMIT CLERK.

Filed 4/26 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 24 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr 24 1908

that I last saw h[illegible] alive on Sept 23 1908

and that death occurred, on the date stated above, at 10

[illegible] m. CAUSE OF DEATH (Secondary or Immediate)

[illegible]

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date 4/ [illegible] 1908

Place of Burial New Cathedral

Date April 26 1908

Undertaker Martin Fahey and Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

C11671

Registered No. B

City of Baltimore, (No. 1948 Linden Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophie Fitzman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Febr (Month) 19th (Day) 1822 (Year)

AGE: 86 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: I. Herzberg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Heyn

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Conserije

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Fitzman

(Address) 1948 Linden ave

Filed 4/26 1908 MARRY O. ANDREW Registrar

PERMIT CODE

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 21st 1908 to April 24 1908 that I last saw h Er alive on April 24 1908, and that death occurred, on the date stated above, at 8 15 P. M. The CAUSE OF DEATH was as follows:

Apoplexy * Hemiplegia
Paralysis of deglutition

(DURATION) 3 DAYS

Contributory Oedema of lung

(DURATION) 1 DAYS

(Signed) Joseph Eyecleset M. D.

April 25th 1908 (Address) 1516 Mad. Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Lebanon Cem

DATE OF BURIAL: Apr 27 1908

UNDERTAKER: J Emmert Co

ADDRESS: 1617 Madison

HEALTH DEPARTMENT, [illegible]

Ward 9 C11672 Registered No. B C11672

CERTIFICATE OF DEATH.

(Place of Death.) No. 1915 Cromwell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 29

Full Name Mary E. Pate

{Residence, if in Baltimore, Give Street and Number.} 1915 Cromwell St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jany 15 1860

AGE: 48 years, 3 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph H. Pate

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catherine C. Cullen

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Family

(Address) 1915 Cromwell St.

Filed 4/26 1908 HARRY G. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24" 1908

I HEREBY CERTIFY, That I attended deceased from Feb 6th 1906 to April 24 1908 that I last saw h[illegible] alive on April 23 1908, and that death occurred, on the date stated above, at 12 [illegible]

I. CAUSE OF DEATH (Secondary or Immediate) Sarcoma of Ethmoid Lip. Maxillary & Portion of Nares (Nasal Fossa)

(DURATION) 563 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Buttner M.D.

Address 208 Aisquith St

Date April 25-8 1908

Place of Burial Greenmount Cemetery

Date April 27" 1908

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — Registered No. B 011673 (011673)

CERTIFICATE OF DEATH.

(Place of Death.) No. 1543 Friendsbury Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Myers

{Residence, if in Baltimore, Give Street and Number.} 1543 Friendsbury Place

Duration of Residence in Baltimore. 67 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Myers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dollie Clark

(Address) 1543 Friendsbury Pl

Filed 4/26 1908 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24th 1908

I HEREBY CERTIFY, That I attended deceased from April 23 1908 to Apl 24 1908

that I last saw him alive on April 23 1908

and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

& Dropsy

(DURATION) 60 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 3 DAYS

(Signed) E K Davis M.D.

Address 923 N Carrollton

Date April 24 1908

Place of Burial Balto Cemetery

Date April 26th 1908

Undertaker Wm. Cook.

Address 522 E. North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 4 C11674 Registered No. B C11674

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 2047 E Hofman St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willie Herrmann

{Residence, if in Baltimore, Give Street and Number.} 2047 E Hofman St

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 7 1831

AGE: 77 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wendenkampff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Novak

(Address) 2047 E Hofman St

Filed 4/26 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 24 1908

I HEREBY CERTIFY, That I attended deceased from Mch. 2 1908 to Apr 24 1908 that I last saw h[illegible] alive on " " 1908 and that death occurred, on the date stated above, at 10 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Grip

(DURATION) DAYS

Con'ributory (Primary.) Bronchitis

about 7 weeks (DURATION) DAYS

(Signed) J. H. Collenberg M.D.

Address 1810 E Balto St

Date Apr 25 1908

Place of Burial Balto Cemetery

Date April 28 1908

Undertaker Wm Cook.

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C11675 Registered No. B C11675

CERTIFICATE OF DEATH.

(Place of Death.) No. 1401 Andre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J. Rayman

{Residence, if in Baltimore, Give Street and Number.} 1404 Andre St

Duration of Residence in Baltimore 32 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Joseph Rayman

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Boilermaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Rayman

(Address) 1404 Andre St

Filed 4/26 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24th 1908

I HEREBY CERTIFY, That I attended deceased from February 1906 to April 24th 1908

that I last saw him alive on Apr. 24 1908

and that death occurred, on the date stated above, at 10 25 M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia Congestion of Lungs (DURATION) 1 DAYS

Contributory (Primary.) Cirrhosis of liver (DURATION) 2 years DAYS

(Signed) A Kahn M.D.

Address 1510 E Fort Ave

Date Apr. 26 1908

Place of Burial St Alphonsus Cemetery

Date April 27. 1908

Undertaker Wm. Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, from the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16

Ct1676 Registered No. B Ct1676

CERTIFICATE OF DEATH.

(Place of Death.) No. 40 S. Shroeder St. 119

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McGuire

{Residence, if in Baltimore, Give Street and Number.} 40 S Shroeder St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH

AGE 1

47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John McGuire

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary McGuire

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Trademan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Fulds

(Address) 1200 W. Lombard St

Filed 4/26 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908

I HEREBY CERTIFY, That I attended deceased from April 17 1908 to April 24 1908

that I last saw him alive on April 23 1908,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) 7 DAYS

Contributory (Primary.) Toxemia

(DURATION) 1 DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia Ave

Date April 24 1908

Place of Burial St Peters

Date April 27th 1908

Undertaker John L Fulds

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 Registered No. B C11677

C11677

CERTIFICATE OF DEATH.

(Place of Death.) No. 2041 Wilkens Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Wagner

{Residence, if in Baltimore, Give Street and Number.} 2041 Wilkens Ave.

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr. 24th 1908

AGE 57 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Easton, Md.

FULL NAME OF FATHER Elon J. Way

BIRTHPLACE OF FATHER (State or country) Chester Co., Pa.

MAIDEN NAME OF MOTHER Mary A. Roberts

BIRTHPLACE OF MOTHER (State or country) Talbot Co. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mr. Addie Way

Address 1711 E. Baltimore St.

Filed 4/26 1908 Registrar

PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24th 1908

I HEREBY CERTIFY, That I attended deceased from 1904 to Apr. 24, 1908 that I last saw h-- alive on April 12, 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis had not seen patient for some time – died before I could reach her after being called

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E B. Britton M.D.

Address 1711 E. Baltimore St

Date April 24th 1908

Place of Burial New Cathedral

Date April 27 1908

Undertaker Jas B. Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE

O K E Jones Coroners

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

CH1678 CH1678

Ward 27. Registered No. B

62

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name H M Warheim

{Residence, if in Baltimore, Give Street and Number.} Westminster Md.

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 3 - 1875

AGE: 33 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm G. Warheim

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lydia Streicks

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mollie A. Fisher

(Address) 248 Roland Ave

Filed 4/26 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 25 1908

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 25 1908

that I last saw him alive on April 25 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure due to toxic absorption

(DURATION DAYS)

Contributory (Primary.) Locomotor ataxia with extensive bedsores (DURATION DAYS)

(Signed) Arthur M Thurby M.D.

Address University Hospital

Date April 24 1908

Place of Burial Druids Cemetery Westminster, Carroll Co

Date April 27 1908

Undertaker Horace Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C11679 — Registered No. B C11679

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 818 Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Kolbabek

{Residence, if in Baltimore, Give Street and Number.} 818 Stricker St.

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mall | COLOR: Wht

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Maried

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Ignac Stolbabela

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Francis Juracek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Kolbabek

(Address) 818 Stricker St

Filed 4/26 1908.

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1908

I HEREBY CERTIFY, That I attended deceased from April 23 1908 to April 25 1908

that I last saw him alive on April 23 1908,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 30 DAYS

Contributory (Primary) Consumption

(DURATION) DAYS

(Signed) O Long M.D.

Address 2729 East ave

Date April 26 1908

Place of Burial Holy Redeemer

Date April 28 1908

Undertaker Frank Graef

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11680 Registered No. B C11650

CERTIFICATE OF DEATH.

(Place of Death.) No. 333 2 1/2 St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank Dupler

{Residence, if in Baltimore, Give Street and Number.} 333 2 1/2 St

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Red

DATE OF BIRTH Oct 1 1885

AGE 22 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do.

MAIDEN NAME OF MOTHER Rosie Burgess

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Salesman Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Meaghan Boyle

(Address) Guilford Ave

Filed 4/26 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to April 24 1908

that I last saw him alive on April 24 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia or Heart failure

Exhaustion

from Due to

Tuberculosis Pulmonalis Acutissima

or Flying Consumption (DURATION) DAYS

to

Contributory (Primary) Acute Tuberculosis (DURATION) DAYS

Bed 2 1/2 ft 3700

(Signed) Houghton Beasley M.D.

Address Guilford Ave 27

Date April 24 1908

Place of Burial Laurel

Date April 26 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C11681 Registered No. B C11681

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 425 N. Chapel St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Dyer

{Residence, if in Baltimore, Give Street and Number.} 425 N. Chapel St

Duration of Residence in Baltimore. Twenty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: March 4th 1868

AGE: 40 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Somerset Co Md

FULL NAME OF FATHER: John Compton

BIRTHPLACE OF FATHER (State or country): Somerset Co Md

MAIDEN NAME OF MOTHER: Ann Known

BIRTHPLACE OF MOTHER (State or country): Somerset Co Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Hiram Dyer (Husband)

(Address) 425 N. Chapel St

Filed 4/26 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 24th 1908

I HEREBY CERTIFY, That I attended deceased from April 10th 1908 to April 24 1908 and that I last saw h[er] alive on April 23 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Extension of body & upper Extremities

(DURATION) 14 DAYS

Contributory (Primary.) Organic Disease (DURATION) Years DAYS

(Signed) W. W. Wilson M.D.

Address 1220 E. Fayette St

Date April 24th 1908

Place of Burial Woodberry

Date April 26th 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OK Farwell Apr 27 08

Ward C11682 Registered No. B C11682

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo Nickol (John Nash)

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Nickol

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, as informed by Nash, friend. Claim not made by Nickol.

(Informant)

(Address)

Filed 4/26 1908

[illegible] ANDREWS Registrar

BAY VIEW ASYLUM. Supt. PARROTT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 21 1908 to April 24 1908

that I last saw h~~im~~ alive on April 24 1908,

and that death occurred, on the date stated above, at 3:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Arterio-sclerosis

Nephritis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date April 26 1908

Place of Burial Sacred Heart

Date Apr. 26" 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

BY SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 011683 — Registered No. B 011683

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 831 Woodward St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Gross.

{Residence, if in Baltimore, Give Street and Number.} 831 Woodward St.

Duration of Residence in Baltimore. 3 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Hanover Co Va

FULL NAME OF FATHER: John B Tinsley

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Eleanora Green

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Stephen Cosgrove

(Address) 831 Woodward St.

Filed 4/26" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1908

I HEREBY CERTIFY, That I attended deceased from April 18 1908 to April 25 1908 that I last saw her alive on April 25 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) 1 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) J. E. Imse M.D.

Address 853 Columbia Ave

Date April 26 1908

Place of Burial Richmond Va

Date April 27th 1908

Undertaker W. H. Jenkins & Son Co

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11684 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Ecker

{Residence, if in Baltimore, Give Street and Number.} New Windsor Md (Carroll Co.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 10 1842

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Jacob Ecker

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Sarah Dudderar

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) K. E. Garber

(Address) Falmouth Md

Filed 4/26 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1908

I HEREBY CERTIFY, That I attended deceased from April 9 1908 to April 26 1908

that I last saw him alive on April 26 1908,

and that death occurred, on the date stated above, at 10 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. [illegible] M.D.

Address Johns Hopkins Hospital

Date April 26 1908

Place of Burial New Windsor Md

Date April 27 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11685 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Alexander L. Andrews

{Residence, if in Baltimore, Give Street and Number.} 919 King St Alexandria Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Harness-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Tickner

(Address) 425 W. Camden St

Filed 4/26 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1908

I HEREBY CERTIFY, That I attended deceased from April 7 1908 to April 26 1908 that I last saw h~~im~~ alive on April 26 1908, and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) F. W. Griffith M.D.

Address Johns Hopkins Hospital

Date April 26 1908

Place of Burial Alexandria Va

Date April 27 1908

Undertaker W. J. Tickner and Sons

Address 425 W. Camden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B 11686 (11686)

CERTIFICATE OF DEATH.

176

(Place of Death.) No. 313. W. Hoffman St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Albert Bixler,

{Residence, if in Baltimore, Give Street and Number.} 313. W. Hoffman St.

Duration of Residence in Baltimore. 7 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 18th 1908

AGE: ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Albert B. Bixler

BIRTHPLACE OF FATHER (State or country): Woorcester Ohio

MAIDEN NAME OF MOTHER: Anna Tuttle

BIRTHPLACE OF MOTHER (State or country): Burbank Ohio

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert B. Bixler

(Address) 313. W. Hoffman St

Filed 4/27 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1908

I HEREBY CERTIFY, That I attended deceased from April 18 1908 to April 25 1908

that I last saw him alive on April 25 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

..... (DURATION) ..... DAYS

Contributory (Primary) Injury received during birth (DURATION) ..... DAYS

(Signed) Louis R. Palmer M.D.

Address 1021 Madison Ave.

Date April 27 1908

Place of Burial Druid Ridge

Date April 27th. 1908

Undertaker William M. Sawthrope.

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11687 Registered No. B C11687

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 642 Sterling St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary E Bonds

{Residence, if in Baltimore, Give Street and Number.} 642 Sterling

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Wilson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mable Washington

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Bonds

(Address) 642 Sterling St

Filed 4/27 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1030 a m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Edgar Cammerman M.D.

Address Coroners Dept

Date Apr 26-08 190

Place of Burial Laurel

Date April 27 1908

Undertaker R F Ellis

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11688 Registered No. B

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 637 Sterling St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Smith

{Residence, if in Baltimore, Give Street and Number.} 637 Sterling St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR C

DATE OF BIRTH 1848

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Balto. Co.

MAIDEN NAME OF MOTHER Annie Smith

BIRTHPLACE OF MOTHER (State or country) Bald. Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Mason

(Address) 631 Sterling St

Filed 4/27 1908 HARRY O'C ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1907 to Apr. 25 1908

that I last saw her alive on Apr. 25 1908

and that death occurred, on the date stated above, at 3 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

La Grippe

Acute Nephritis (DURATION) DAYS

Con'ributory (Primary.) (DURATION) DAYS

(Signed) A. L. Levy. M.D.

Address 733 Aisquith St

Date 4/25 1908

Place of Burial Laurel

Date April 28 1908

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

46

CERTIFICATE OF DEATH.

Registered No. B C11689

City of Baltimore, (No. 1830 Druid Hill ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Jones -

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Handy

(Address) 1530 N. Harlem

Filed 4/27 1908 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 21 1908 to Apr. 24 1908 that I last saw him alive on Apr. 24 1908, and that death occurred, on the date stated above, at 3:30 P. M. The CAUSE OF DEATH was as follows:

Chronic rheumatism -

(DURATION) months DAYS

Contributory old age

cerebral softening (DURATION) 10 DAYS

(Signed) Thomas H. Jones M. D.

Apr. 25 1908 (Address) 315 N. Paca

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: April 27 1908

UNDERTAKER: R T Elliott — ADDRESS: 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 C11690 Registered No. B C11690

CERTIFICATE OF DEATH. 50

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophie Jacobs.

{ Residence, if in Baltimore, Give Street and Number. } 2101 Christian St.,

Duration of Residence in Baltimore. 20 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Femail | COLOR White

DATE OF BIRTH 1

AGE 58 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Abraham Kaden

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sophia Kaden

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant A. Jacob.

(Address) 2101 Christian St

Filed 4/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 26, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1908 to Apr. 25 1908 that I last saw her alive on Apr. 25 1908, and that death occurred, on ~~the date stated above~~, at 12:30 Apr. 26 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Post Operative Gangrene
In a Pelvic Abcess Drain.

(DURATION) 7 DAYS

Contributory (Primary.) Diabetes

(DURATION) 3 yrs DAYS

(Signed) H Herrmann M.D.

Address Hebrew Hospital

Date 190

Place of Burial Hebrew Washington Blvd

Date April 27, 1908

Undertaker Max Levinson

Address 1620 Mc Elderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

C11691

Registered No. B .....

City of Baltimore, (No. 214 N. Lee St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chesler

(Address) 214 W. Lee

Filed 4/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1907 to Apr. 20th 1908 that I last saw h[er] alive on Apr. 20th 1908, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Mitral Disease of Heart

7 mos. (DURATION) .....

Contributory .....

..... (DURATION) ..... DAYS

(Signed) R. M. Hall M. D.

Apr. 26th 1908 (Address) 1019 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	April 27, 1908
UNDERTAKER	ADDRESS
John H. Loadman	142 W. Hill

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119
C11692

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2843 E. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alfred Cromwell

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)	
AGE: 48 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	James T. Cromwell
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Amanda Dobson
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Cromwell

(Address) 2843 E. Fayette St

Filed 4/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 17 1908 to Apr 25 1908 that I last saw him alive on Apr 24 1908, and that death occurred, on the date stated above, at 4 M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 14 DAYS

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) Samuel J. Trump M. D.

Apr 25 1908 (Address) 2309 Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	April 28, 1908
UNDERTAKER	ADDRESS
John H. Toadvine	142 W. Hill St

Ward 17 — 61693 — Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 289 3/ st — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David P Kernan

{Residence, if in Baltimore, Give Street and Number.} 289 3/ st — St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April 23rd 1871

AGE: 37 years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas P Kernan

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine A O'Donnell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Catherine Kernan

(Address) 289 E 31st St

Filed 4/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 25- 4h 1908

I HEREBY CERTIFY, That I attended deceased from March 1906 to Apr 25- 1908

that I last saw him alive on Apr 23rd 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulm.
asthenia + collapse
About 2 yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Feddeman M.D.

Address 800 1st Ave

Date Apr 25- 4h 1908

Place of Burial Holy Cross Cem-

Date April 28th 1908

Undertaker M Fahey & Sons

Address

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C11694

Registered No. B.....

City of Baltimore, (No. 517 N. Bethel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elgia Griffin

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: Jan (Month) 22 (Day) 1882 (Year)

AGE: 26 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Amos Griffin

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lottie James.

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lottie Griffin

Address: 517 Bethel St

Filed 4/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 13 1908 to Apr 25 1908

that I last saw him alive on Apr 23 1908,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Several months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ....., DAYS

(Signed) W White M. D.

Apr 25 1908 (Address) 1101 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Murphy Station South Hampton Co Va	April 28 1908
UNDERTAKER: W A Elliott	ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

Ward 1 C1695 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1821 N Spring St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Leroy Foote

{ Residence, if in Baltimore, Give Street and Number. } 1821 N. Spring St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE x years, 9 months, x days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John E Foote

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Foote

(Address) 1821 N Spring St

Filed 4/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12 noon.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Sudden) ..... (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Reg'r Carruthers M.D.

Address Coroners Office

Date Apr 26—08 1908

Place of Burial Cockeysville Md

Date April 28th 1908

Undertaker R A Elliott

Address 506 Ropers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11696 Registered No. B C11696

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 S. Bollington ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B. Scott

{ Residence, if in Baltimore, Give Street and Number. } Life

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH Dec. 13th 1831

AGE 76 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER James Scott

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Le Maitre

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED Ship Joiner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ina B. Scott

(Address) 207 S. Bollington Ave

Filed 4/27 1908 HARRY O'. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1908

I HEREBY CERTIFY, That I attended deceased from November 1907 to April 25 1908 that I last saw h living on April 25 1908, and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary, or Immediate)

Cerebral Hemorrhage

Cerebral Sclerosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Maimonides Penn M.D.

Address 1830 E Baltimore St

Date April 28th 1908

Place of Burial Mount Hebron Cemetery

Date April 28th 1908

Undertaker John A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C11697 Registered No. B C11697

CERTIFICATE OF DEATH.

67

(Place of Death.) No. Insane Department Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Andrew McCormick

{Residence, if in Baltimore, Give Street and Number.} Baltimore - 505 Friendship ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1862

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Lamar Hollyday, Supt. BAY VIEW ASYLUM

Filed 4/27 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 24 1908

I HEREBY CERTIFY, That I attended deceased from March 18th 1908 to April 24 1908 that I last saw him alive on April 24 1908, and that death occurred, on the date stated above, at 2.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Paresis

Over ..... (DURATION) 30 DAYS

Contributory (Primary.) General Paresis Over. (DURATION) 30 DAYS

(Signed) Thos. H. Phillips M.D.

Address Baymeur Hospital

Date April 24. 1908

Place of Burial Jno Cathedral

Date April 28 1908

Undertaker C. A. Weidefeld

Address 2113 Greenmount Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11698 Registered No. B

CERTIFICATE OF DEATH. 29

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Silas Woreford

{Residence, if in Baltimore, Give Street and Number.} 312d Bethel St.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert Wolford

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Atkinson

(Address) 312 S. Bethel St

Filed 4/27 1908. HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1908

I HEREBY CERTIFY, That I attended deceased from April 7 1908 to April 27 1908 that I last saw h[illegible] alive on April 27 1908 and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Peritonitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hosp.

Date April 28 1908

Place of Burial Mt Auburn

Date April 28 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11699 Registered No. B C11699

CERTIFICATE OF DEATH.

(Place of Death.) No. 1836 McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Meier
1836 McHenry
Frances Meier
Infant

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 25, 1892

AGE 15 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Butte

FULL NAME OF FATHER Anton Meier

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Engel.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Meier

(Address) 1836 Mc Henry St.

Filed 4/27 1908 HARRY CT ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1908

I HEREBY CERTIFY, That I attended deceased from Apr 20 1908 to Apr 25 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 3.30 P M.

11. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 7 mo Days

Contributory (Primary)

(DURATION) Days

(Signed) Jno Chas Jones M.D.
Coroner

Address

Date April 26 1908

Place of Burial New Cathedral

Date April 28th 1908

Undertaker C. W. Dill

Address 8/0 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 12 C11700 Registered No. B C11700

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 1918 Division St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Raymond S. Turner

{Residence, if in Baltimore, Give Street and Number.} 1918 Division St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR col

DATE OF BIRTH 1

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William F Turner

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Emeline Pendleton

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Turner

(Address) 1918 Division St

Filed 4/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26th 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1908 to Apr. 26, 1908

that I last saw h[illegible] alive on Apr. 26 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Coma

4 (DURATION) DAYS

Contributory (Primary) Intercular Meningitis (DURATION) 14 DAYS

(Signed) W. F. Carr M.D.

Address 515 Mosher St.

Date Apr. 26 1908

Place of Burial Rappahannock Co. Virginia

Date April 30th 1908

Undertaker Thomas Gallagher

Address 364 W. Lanvale St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, Balto.

Ward 16 C11701 Registered No. B C11701

93

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie Chase

{Residence, if in Baltimore, Give Street and Number.} 821 Parish Alley.

Duration of Residence in Baltimore. 23 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col.

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Chase

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Emma Gaten

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah Crumpton

(Address) 810 Parish St

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/26 1908

I HEREBY CERTIFY, That I attended deceased from 4/21 1908 to 4/26 1908

that I last saw her alive on 4/26 1908

and that death occurred, on the date stated above, at 10:20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema.

(DURATION) 2 DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 6 DAYS

(Signed) J. H. Bird M.D.

Address University Hosp.

Date 4/26 1908

Place of Burial Mt Auburn

Date April 27th 1908

Undertaker Hammond Wright

Address 1364 N Gay St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C11702 Registered No. B C11702

CERTIFICATE OF DEATH.

66

(Place of Death.) No. Harford Rd. near Atlantic ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob W. Hemley

{Residence, if in Baltimore, Give Street and Number.} Harford Rd. Nr Atlantic ave

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 20th 1862

AGE: 55 years, 6 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: August Hemley

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Sauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Johanna Hemley Wife

Address: Harford Rd Near Atlantic ave

Filed 4/27 1908

HARRY O'. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 27 1908

I HEREBY CERTIFY, That I attended deceased from April 25 1908 to April 27 1908 that I last saw h~~is~~ alive on April 24 1908 and that death occurred, on the date stated above, at 145 a. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Young Wetbrook M.D.

Address 157 Holbrook ave

Date April 27 1908

Place of Burial Mt Olivet Cemetery

Date April 29th 1908

Undertaker George Schilling & Sons

Address 1126 E. Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 — C11703 — Registered No. B C11703

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 920 Sharp St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H Wood

{Residence, if in Baltimore, Give Street and Number.} 920 Sharp St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles Wood

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary E Fitzpatrick

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J F Miller

(Address) 2100 Bolton St.

Filed 4/27 1908 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 26 1908

I HEREBY CERTIFY, That I attended deceased from Apr 19 1908 to Apr. 26 1908

that I last saw h... alive on Apr 26 1908

and that death occurred, on the date stated above, at 6.25 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

7 (DURATION) DAYS

Contributory (Primary.) Nephritis (DURATION) 1 DAYS

(Signed) F.C. Ferguson M.D.

Address 1006 N. Sharp St

Date 4/26 1908

Place of Burial Loudon Park

Date April 28 1908

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 C11704 Registered No. B C11704

CERTIFICATE OF DEATH.

(Place of Death.) No. 2423. N Calvert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 120

Full Name Alexander Packie.

{Residence, if in Baltimore, Give Street and Number.} 2423 N. Calvert

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alexander Packie.

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Mary Bedford

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Jamie. Packie

(Address)

Filed 4/27 1908 NANCY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 26th. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5th. 1907 to April 26 1908.

that I last saw him alive on April 25th. 1908.

and that death occurred, on the date stated above, at 12-20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis,

(DURATION) 2 Years.

Contributory (Primary.)

Uremia (DURATION) 7 DAYS

(Signed) H. M. Fair M.D.

Address 12 E 25th St

Date April 26th. 1908

Place of Burial Greenmount Cem

Date April. 28 1908

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C11705 Registered No. B

CERTIFICATE OF DEATH. C 11705 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Diemon

{ Residence, if in Baltimore, Give Street and Number. } 422 N. Wolfe St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: ~~Male~~ White

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt

(Address) BAY VIEW ASYLUM.

Filed 4/27 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1908

I HEREBY CERTIFY, That I attended deceased from April 2. 1908 to April 26 1908

that I last saw h~~im~~ alive on April 25 1908

and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date April 26 1908

Place of Burial St Matthews Cem

Date April 28 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C11706 Registered No. B C11706

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 2226. May Anne St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaretha Burkert Sadofsky.

{ Residence, if in Baltimore, Give Street and Number. } 2226. May Anne St.

Duration of Residence in Baltimore. 39 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Apr 27 1849

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Miss Lena. Burkert.

(Address 2226. May Anne St

Filed 4/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov 5 1908 to Apr 25 1908

that I last saw h[illegible] alive on Apr 25 1908

and that death occurred, on the date stated above, at 11 20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease

unknown (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Apr 25 1908

Place of Burial Baltimore. Md.

Date Apr 28/1908 1908

Undertaker Wm Cook

Address 502 E Hamilton

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C11707 Registered No. B C11707

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1033 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emery Edward Hinebaugh

{Residence, if in Baltimore, Give Street and Number.} 1033 W Baltimore

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 8 1868

AGE: 40 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Daniel Hinebaugh

BIRTHPLACE OF FATHER (State or country): Del.

MAIDEN NAME OF MOTHER: Julia A: Bailey

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Daniel Hinebaugh

Address 1033 W. Balto

Filed 4/27 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 25 1908

I HEREBY CERTIFY, That I attended deceased from March 11th 1908 to April 25 1908

that I last saw h in alive on April 25 1908

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary & Laryngeal Tuberculosis

about one year (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) V Ken Williams M.D.

Address 601 N Carrollton Ave

Date April 25 Fri 1908

Place of Burial London Park

Date Apr 28 1908

Undertaker W. A. Tuckerton Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C11708 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 Ramsey st — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethel C Landbeck

{Residence, if in Baltimore, Give Street and Number.} 710 Ramsey st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 3- 1901

AGE 7 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John E. Landbeck

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Betty Fajan

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Bettie Landbeck

(Address) 710 Ramsey St

Filed 4/27 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 25 1908

I HEREBY CERTIFY, That I attended deceased from Apl 9th 1908 to Apl 25 1908

that I last saw her alive on Apl 25 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (double)

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno D Blair M.D.

Address 1218 W Lafayette ave

Date Apl 27th 1908

Place of Burial London Park

Date Apr 29 1908

Undertaker W. J. Pickney & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

Dr J B Blair

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 16 C11709 Registered No. B C11709

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1704 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael C. Keefer.

{Residence, if in Baltimore, Give Street and Number.} 1704 Harlem Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 25 1849

AGE 58 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Michael Keefer

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Catherine A Marshall

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs Keefer

Address 1704 Harlem Ave

Filed 4/27 1908

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to April 25 1908 that I last saw h m alive on April 25 1908, and that death occurred, on the date stated above, at 7.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis
or Acute Nephritis
Three months (DURATION) DAYS

Contributory (Primary) Exposure & Cold (DURATION) DAYS

(Signed) H L Evans M.D.

Address 109 N. Carey St.

Date April 26. 1908.

Place of Burial Druid Ridge Cem

Date Apr 28 1908

Undertaker J. F. Tuckwood Sons

Address Caroline Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B 611.10

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 Hiss quith St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Cohen

{Residence, if in Baltimore, Give Street and Number.} 610 Hiss quith St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 11 1

AGE: ..... years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Levyson

(Address) 223 McElderry St.

Filed 4/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4, 27, 1908

I HEREBY CERTIFY, That I attended deceased from 4.27 1908 to 4.27 1908 that I last saw h er alive on 4.27 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bron chial Pneumonia.

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) —— DAYS

(Signed) S. C. Katzoff M.D.

Address 116 Hiss quith St

Date 4. 27. 1908

Place of Burial Hebrew Ball Assn

Date April 29 1908

Undertaker May Levyson

Address 223 McElderry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11711 Registered No. B 98

CERTIFICATE OF DEATH.

(Place of Death.) No. 1175 E Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Fannie Fein

{Residence, if in Baltimore, Give Street and Number.} 1175 E. Lombard St

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 10th 1908

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs E. Fein

Address 1170 E Lombard St

Filed 4/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 10th 1908

I HEREBY CERTIFY, That I attended deceased from April 8th 1908 to April 10th 1908

that I last saw h Sr alive on April 10th 1908

and that death occurred, on the date stated above, at 11.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Vesicular Erysipelas

(DURATION) 20 days

Contributory (Primary.)

(DURATION) ...days

(Signed) J. D. Stonen M.D.

Address 1507 E Eager St

Date April 27th 1908

Place of Burial Hebrew Washington Rd

Date April 27 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 16 C11712 Registered No. B C11712

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1014 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anne Sauter.

{Residence, if in Baltimore, Give Street and Number.} 1014 N. Calhoun St.

Duration of Residence in Baltimore. 1mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col

DATE OF BIRTH: 1854

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: Jonas Barnes

BIRTHPLACE OF FATHER (State or country): N. C

MAIDEN NAME OF MOTHER: Dan't Lenow

BIRTHPLACE OF MOTHER (State or country): . .

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna E Sauter

(Address) 1014 N. Calhoun

Filed 4/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 24 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 23 1908 to Apr. 24 1908

that I last saw h[illegible] alive on Apr. 23 1908

and that death occurred, on the date stated above, at 730 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Bronchi-Pneumonia

7 wks. (DURATION) 1 DAYS

(Signed) W= A. Cunningham M.D.

Address 515 Mosher St

Date Apr. 25 1908

Place of Burial Dr. Zion Cem

Date April 29th 1908

Undertaker Chas. H. Grace & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C11713 Registered No. B

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 626 N Fremont St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Berry.

{ Residence, if in Baltimore, Give Street and Number. } 626 N. Fremont St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 12 - 20 - 1848

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Hickywood

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1252 William

Filed 4/27 1908 Registrar

HARRY C. ANDREWS

PRINTED BY GUNBY & SON, BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 25 1908

I HEREBY CERTIFY, That I attended deceased from Apr 23 1908 to Apr 25 1908 that I last saw h[illegible] alive on Apr 24 1908, and that death occurred, on the date stated above, at 12.55 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia (Cothenia).

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. B. Burch M.D.

Address 828 N. Carrollton ave

Date Apr 26 1908.

Place of Burial New Cathedral

Date Apr 28 1908

Undertaker John J Fahey & Son

Address 1252 William st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B 011714

City of Baltimore, (No. 1362 Columbia ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob P. Sauge

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH July 31 1835
(Month) (Day) (Year)

AGE 72 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER August Sauge

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophia Ludwig

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Harness Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa S. Hayden

(Address) 1362 Columbia Ave

Filed 4/29 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 24 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 21 1908 to April 24 1908

that I last saw him alive on April 24 1908,

and that death occurred, on the date stated above, at 4-53 P. M. The CAUSE OF DEATH was as follows:

Heart Disease

(DURATION) Years DAYS

Contributory old age

(DURATION) DAYS

(Signed) Frances E Carpenter M. D.

Apr 24 1908 (Address) Madison Ave & Bloom

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park | DATE OF BURIAL Apr 28 1908

UNDERTAKER Robt J Turner | ADDRESS Bway Fallsway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 Registered No. B 011715 011715

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 835 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm F Franklin

{Residence, if in Baltimore, Give Street and Number.} 835 Lemmon Street

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jules Franklin

(Address) 835 Lemmon St

Filed 4/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26th 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to April 26 1908 that I last saw h[illegible] alive on April 26 1908, and that death occurred, on the date stated above, at 4.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 14 DAYS

(Signed) A H Foster M.D.

Address 712 S. Sharp St

Date April 27 1908

Place of Burial St Peters Cemetery

Date April 29 1908

Undertaker Felix B. Pope

Address 1026 Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C11716 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 W. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Delia E. Ward

{Residence, if in Baltimore, Give Street and Number.} 126 W Randall St.

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 1882

AGE 25 years, ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER A. Ward

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Mary Tracy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Ward Sr

(Address) 126 W. Randall

Filed 4/27 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 26 1908 that I last saw h.. alive on April 26 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 2 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 3 Mos

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date 4/27 1908

Place of Burial Holy Cross Cemetery

Date April 28 1908

Undertaker W. J. C. Flynn

Address 42 S. West St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11717

City of Baltimore, (No. 322 N Shroeder St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edwin S. Vaughan

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col
DATE OF BIRTH	Sept 5 1856 (Month) (Day) (Year)
AGE	51 years, 7 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Richard W Vaughn
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mary E Powell
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary E. Vaughan

(Address) 372 n Schroeder

Filed 4/27 1908 MARRY E. ADDRESS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3 1908 to April 25 1908 that I last saw him alive on April 23 1908, and that death occurred, on the date stated above, at 5 o'clock P. M. The CAUSE OF DEATH was as follows:

Chronic Bright's

(DURATION) 1 year

Contributory Uremia

(DURATION) 1 DAYS

(Signed) Julius Friedman M. D.

April 26 1908 (Address) 1013 N Chester

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Apr 28 1908
UNDERTAKER	ADDRESS
Jos B Cook	1003 W Balto

STATE OF MARYLAND, CITY OF BALTIMORE, SS.

I, Abraham H. Fisher, a Justice of the Peace of the State of Maryland, in and for Baltimore City, do hereby certify that on this 1st. day of June, 1908, before me personally appeared Dr. Julius Friedenwald, a physician in good standing, and made oath in due form of law that his statement in the Death Certificate of Edwin S. Vaughan to the fact that the deceased was sick for one year was incorrect and a mistake, that deceased was sick but four months, and no longer. He further made oath that in every other respect said statment is absolutely correct and accurate.

Witness
A Bonhaud A H Fisher — Julius Friedenwald

SWORN TO AND SUBSCRIBED before me on this 1st. day of June, 1908.

A Bonhaud A H Fisher
Justice of the Peace

Ward 7 — 011718 — Registered No. B

CERTIFICATE OF DEATH.

11th

(Place of Death.) No. 626 W Franklin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Caroline Beall

{Residence, if in Baltimore, Give Street and Number.} 626 W. Franklin St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH [illegible] 2 1856

AGE 52 years, ... mont's, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country) Winchester Va

FULL NAME OF FATHER Benj. B Beall

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Caroline M Harner

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie C Beall

(Address) 626 W Franklin

Filed 4/27 1908 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 29 1908 to Apr 25 1908

that I last saw her alive on Apr 25th 1908

and that death occurred, on the date stated above, at 5 45 P M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary.) Cirrhosis of the Liver (DURATION) 6 months DAYS.

(Signed) A L Lumpe M.D.

Address 1415 Madison Ave

Date April 27th 1908

Place of Burial Loudon Park

Date April 27 1908

Undertaker Jno. B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C11719

C11719

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2419 Hudson Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Banks.

{Residence, if in Baltimore, Give Street and Number.} 2419 Hudson Place

Duration of Residence in Baltimore. During Whole Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: Mar. 26 1890

AGE: 18 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Lewis Banks.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: M H Campen

Address: 2419 Hudson Place

Filed 4/27 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 26 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 19 1908 to Apr 26 1908 that I last saw h.. in alive on Apr 25 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 7 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 20 DAYS

(Signed) Shahan Miller M.D.

Address 2228 Calvert St.

Date Apr. 29, 08. 190

Place of Burial Mt Auburn Cemetery

Date April 28 1908

Undertaker H E Lee & Bro

Address 102 E Hubbard St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 011720 Registered No. B [illegible] 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 880 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Butler

{Residence, if in Baltimore, Give Street and Number.} 880 W Lombard St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Bernard Butler

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Colick

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Kate Butler

(Address) 880 W Lombard St

Filed 4/27 1905 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1905

I HEREBY CERTIFY, That I attended deceased from April 23d 1905 to April 25th 1905

that I last saw h[illegible] alive on April 25th 1905

and that death occurred, on the date stated above, at 8 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastric Catarrh
& Valvular Disease
of Heart

(DURATION) 3 DAYS

Contributory (Primary.) —

(DURATION) 2 DAYS

(Signed) H. W. Kebner M.D.

Address 733 W. Lombard St.

Date April 25th 1905

Place of Burial Cathedral Cemetery

Date April 28th 1905

Undertaker John Gowan

Address 901 Collins St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C11721 Registered No. B C11721

56

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John P. Sheehan.

{Residence, if in Baltimore, Give Street and Number.} 707 W. Lexington St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: 1.

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edward Sheehan.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary Callahan.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Sheehan

(Address) 704 W. Fayette St.

Filed 4/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 27, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 23 1908 to Apr. 27 1908 that I last saw h[im] alive on " " 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate) Exhaustion and Heart Failure

(DURATION) DAYS

Contributory (Primary) Delirium Tremens. (DURATION) DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Apr. 27, 1908

Place of Burial Cathedral Cemetery

Date April 29th 1908

Undertaker John F. Cowan

Address 901 Hollins

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11722 Registered No. B C11722

CERTIFICATE OF DEATH. 79

(Place of Death.) No. Pima. av. & Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Willis

{Residence, if in Baltimore, Give Street and Number.} 2422 Etting st

Duration of Residence in Baltimore. Here year

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH April 25 1872

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Thomas Gross

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Brown

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George L. Willis

(Address) 2422 Etting St

Filed 4/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Unknown (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lof. av. (Corner)

Date April 26th 1908

Place of Burial Washington D.C.

Date April 28 1908

Undertaker Charles Burkett

Address 502 Bloom St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 404 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name A Toone Jackson

{Residence, if in Baltimore, Give Street and Number.} 404 E Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 14 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John T Jackson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Jackson

(Address) 404 E Biddle St

Filed 4/27 1908

HARRY O. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25th 1908

I HEREBY CERTIFY, That I attended deceased from April 22 1908 to April 25 1908

that I last saw h in alive on April 25 1908,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis and Tonsilitis

(DURATION) 3 DAYS

Contributory (Primary.) Acute Nephritis (DURATION) 5 DAYS

(Signed) H. S. Beer M.D.

Address 214 E Preston

Date April 27 1908

Place of Burial Johns Hopkins Lot Bal Co

Date April 28 1908

Undertaker John E Hughes Co

Address 1422 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C11724 Registered No. B 87

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Cora Spiker

{Residence, if in Baltimore, Give Street and Number.} Lord Md

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo M E Cleary

(Address) J. H. Hospital

Filed 4/28 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to April 27 1908

that I last saw h[er] alive on April 27 1908, and that death occurred, on the date stated above, at 10½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ernest K. Cullen M.D.

Address Johns Hopkins Hospital

Date April 27 1908

Place of Burial Lloyd Md

Date April 27 1908

Undertaker Willard P Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11725 Registered No. B 11725

CERTIFICATE OF DEATH.

(Place of Death.) No. 1722 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs Eliza Jane McGuire

{Residence, if in Baltimore, Give Street and Number.} 1722 W. Lanvale St.

Duration of Residence in Baltimore. Most of Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1

AGE 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David Stone

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Catherine Brooks.

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs King

(Address) 855 W Fayette St

Filed 4/28 1908 HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April. 27. 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 17. 1908 to Apr. 27 1908 that I last saw her alive on Apr. 25 1908, and that death occurred, on the date stated above, at 10.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Laryngitis

(DURATION) 10. DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave.

Date April 27. 1908

Place of Burial Mt Olivet Cem

Date April 29 1908

Undertaker W. J. Talbert & Co

Address Caroline Place

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B 011726

City of Baltimore, (No. 2108, St. Fulton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William F. Barker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) — 6 (Day) — 1831 (Year)

AGE: 67 years, 8 months, 20 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) W. E. Barker.

(Address) 2108 St. Fulton Ave.

Filed 4/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 15 1908 to April 26 1908 that I last saw him alive on April 25 1908, and that death occurred, on the date stated above, at 6.55 P. M. The CAUSE OF DEATH was as follows:

Mitral Incompetency

Several years. (DURATION) ~~DAYS~~

Contributory

Edema of Lung (DURATION) 3 DAYS

(Signed) L. G. Frey M. D.

April 27 1908 (Address) 2466 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: April 29 1908

UNDERTAKER: H. E. Hughes

ADDRESS: 1750 Broadway

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 Registered No. 43

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Miss Cornelia M Reid

{Residence, if in Baltimore, Give Street and Number.} Church Home & Infirmary

Duration of Residence in Baltimore. 13 years C 11727

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 2. 1.

AGE 2. years, About 62 year months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Mrs) A. H. Krause

(Address) Church Home & Infirmary

Filed 4/28 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to April 26 1908 that I last saw h-er alive on April 26 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General carcinoma

(DURATION) DAYS

Contributory (Primary.) Recurring carcinoma of breast (DURATION) DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date April 26 1908

Place of Burial Spartansburg S. C.

Date April 29th 1908

Undertaker H E Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8th — Registered No. B C11728

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 208 S. Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Neuschaefer

{Residence, if in Baltimore, Give Street and Number.} 208 S. Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 16 1848

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Schuman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Glass

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Babe Neuschaefer

(Address) 208 S Bond

Filed 4/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 12th 1908 to Apr. 26th 1908

that I last saw h[er] alive on Apr. 25th 1908

and that death occurred, on the date stated above, at 7.12 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 14 DAYS

Con'tributory (Primary.) Arteriosclerosis

(DURATION) ... DAYS

(Signed) A. F. Ries M.D.

Address 213 S. Bond St.

Date Apr. 26th 1908

Place of Burial Holy Redeemer

Date April 29 1908

Undertaker Wendell Dyffenbach

Address 37 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 80

CERTIFICATE OF DEATH.

(Place of Death.) No. 113, S. Chapel st (1129 St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Magdalen Haberkern

{ Residence, if in Baltimore, Give Street and Number. } 113, S. Chapel st,

Duration of Residence in Baltimore. don't Know: probably 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 82 years, 5 months, 3 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Haffel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Felzner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Haberkern

(Address) 113 S. Chapel st.

Filed 4/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April - 24 - 1908

I HEREBY CERTIFY, That I attended deceased from March - 13 1908 to March 13 1908 that I last saw h er alive on March - 13 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile bronchitis
angina pectoris

(DURATION) 42 DAYS

Contributory (Primary.) ~~Asthma~~ Cardiac arteriosclerosis (DURATION) 923 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 - Jackson Square

Date April - 27 - 1908

Place of Burial Holy Redeemer Cem.

Date Apr. 28 " 1908

Undertaker Trudell Dikpel & Bro

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C11730 Registered No. B

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 509 Saratoga St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Fannon

{Residence, if in Baltimore, Give Street and Number.} 509 W Saratoga

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jno Fannon

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Rose

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 120 N. Lombard

Filed 4/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 27 1908

I HEREBY CERTIFY, That I attended deceased from Apr 19 Coron 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Convulsions

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Maher M.D.

Address Coron

Date Apr 27 1908

Place of Burial St. Peters

Date April 28th 1908

Undertaker John Fields

Address 120 N. Lombard St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single, married, widowed or divorced), **color, birthplace, occupation, residence** and **cause and date of death**.

Ward 10 C11731 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 Forrest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Armstrong

{Residence, if in Baltimore, Give Street and Number.} 1107 Forrest Place

Duration of Residence in Baltimore.

C11731

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 hour (years, months, days)

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. Lee Armstrong

BIRTHPLACE OF FATHER (State or country): W. Va.

MAIDEN NAME OF MOTHER: Elizabeth Shanghnessy

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Edwin Thompson

Address: 1107 Forrest Place

Filed 4/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 27th 1908

I HEREBY CERTIFY, That I attended deceased from Apl 27th 1908 to Apl 27th 1908 that I last saw h[er] alive on Apl. 27. 1908 and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth at 6th month of Pregnancy

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Jeffrey Buck M.D.

Address 2844 St Paul St

Date April 27th 1908

Place of Burial Cathedral

Date April 28 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 011732 Registered No. B

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1107 Forest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Armstrong

{Residence, if in Baltimore, Give Street and Number.} 1107 Forest Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 1 days (1 hr)

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William L. Armstrong

BIRTHPLACE OF FATHER (State or country): W. Va.

MAIDEN NAME OF MOTHER: Elizabeth Shaughnessy

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin Thompson

(Address) 1107 Forest Place

Filed 4/28 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27th 1908

I HEREBY CERTIFY, That I attended deceased from April 27th 1908 to Apl. 27th 1908 that I last saw h[illegible] alive on Apl. 27 1908 and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth at 6th month of Pregnancy

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Buck M.D.

Address 2844 St. Paul St

Date Apl. 27th 1908

Place of Burial Cathedral

Date April 28 1908

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11733 Registered No. 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 1012 Read alley. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Richard Davis -

{Residence, if in Baltimore, Give Street and Number.} 1012 Read alley.

Duration of Residence in Baltimore. 25 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: colored

DATE OF BIRTH: ? 1

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Kingston Jamaica

FULL NAME OF FATHER: Richard Davis

BIRTHPLACE OF FATHER (State or country): Kingston Jamaica

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Kingston Jamaica

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Gray

(Address) 15 York St.

Filed 4/28 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 25 1908.

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to April 26 1908

that I last saw him alive on April 26 1908.

and that death occurred, on the date stated above, at 4.30

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Edward Shuck M.D.

Address 738 Hanover St

Date 4/26/08 1908

Place of Burial Laurel Cem.

Date April 28, 1908

Undertaker John H. Toadvine

Address 142 Hill Street

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

76

CERTIFICATE OF DEATH.

City of Baltimore, (No. 404 N. Carrollton Ave — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

Registered No. B 011734

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonard Johnson —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: Colored —

DATE OF BIRTH: Dec. (Month) 27 (Day) 1906 (Year)

AGE: 1 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Johnson

BIRTHPLACE OF FATHER (State or country): Am. Amuded Co.

MAIDEN NAME OF MOTHER: Rebecca Maddox

BIRTHPLACE OF MOTHER (State or country): Somerset Co.

OCCUPATION OF DECEASED: ....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Rebecca Johnson

Filed 4/28 1908

404 N. Carrollton Ave.

HARRY U. HERBERT, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April — (Month) 27 — (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1908 to April 24 1908

that I last saw h... alive on April 24 1908,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Cerebral abscess —

—

Contributory Sup. Of. bronchitis —

(DURATION) ..... DAYS

(Signed) J. W. Downey Jr. — M. D.

April 27 1908 (Address) 625 Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: April 28 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 506 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C11735 Registered No. B

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1117 N. Dallas St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Elizabeth Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1117 N. Dallas st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Abram Shreve

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Adline Justis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Perry A Thomas

(Address) 1117 N Dallas

Filed 4/28 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 26 - 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 25 - 1908 to Apr. 26 - 1908

that I last saw h er alive on Apr. 25 - 1908

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) One DAY

Contributory (Primary.) ———

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina st.

Date April 27 1908

Place of Burial Mt Zion Cemetery

Date April 28 1908

Undertaker R. H. Eckhardt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C11736 Registered No. B 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 2603 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary T Baltz

{ Residence, if in Baltimore, Give Street and Number. } 2603 E Oliver St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 7th 1846

AGE 61 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Adam Gehl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Einodt.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A. Baltz.

(Address) 436 N. Patterson Park

Filed 4/28 1908 HARRY O. ANDREWS, Dep PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26th 1908

I HEREBY CERTIFY, That I attended deceased from March 18th 1908 to April 26th 1908

that I last saw h alive on April 26th 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Rheumatism, Endocarditis

(DURATION) 39 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D O Elmer M.D.

Address 1501 E Eag Ave

Date April 27th 1908

Place of Burial Baltimore Cemetery

Date April 29th 1908

Undertaker Hurst Bros John W. Deufel

Address 801 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 11737

123

CERTIFICATE OF DEATH.

(Place of Death.) No. Insane Department Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George S. Brooks

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore.

C11737

PERSONAL AND STATISTICAL PARTICULARS

SEX: Black Male

COLOR: Black.

DATE OF BIRTH: —

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1908 to April 26 1908

that I last saw h- alive on April 26 1908 4.10

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Tolemia following rupture of the bladder

(DURATION) 2 DAYS

Contributory (Primary.) Hemangeoma of Bladder. (DURATION) unknown DAYS

(Signed) Thos H Phillips M.D.

Address Bayview Hospital

Date April 27 1908

Place of Burial Mt. Auburn Cemetery

Date April 29 1908

Undertaker Alex. J. Bensley

Address 978 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C11738 Registered No. B C11738

CERTIFICATE OF DEATH.

47

(Place of Death.) No. #426 S. Paca St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Flockenhagen

{Residence, if in Baltimore, Give Street and Number.} #426 S. Paca St

Duration of Residence in Baltimore. 35 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 25 1846

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Flockenhagen

(Address) #426 S. Paca St

Filed 4/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26th 1908

I HEREBY CERTIFY, That I attended deceased from April 13th 1908 to April 26th 1908 that I last saw her alive on April 26th 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

5 Months (DURATION) DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. W. Hebner M.D.

Address 723 W. Lombard St.

Date April 28th 1908

Place of Burial Baltimore Cemetery

Date Apr. 28th 1908

Undertaker Philip Seewald & Son

Address 1198 E. Eutaw St.

WM. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14. CH739 Registered No. B 29

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name W= Phillips

{Residence, if in Baltimore, Give Street and Number.} 144 W Baltimore St.

Duration of Residence in Baltimore. all life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	m.
COLOR	w
DATE OF BIRTH	Jan 4 1889
AGE	19 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Eli Phillips
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Elizabeth Barnes
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eli Phillips

(Address) 818 W Balto St

Filed 4/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH april 26 1908

I HEREBY CERTIFY, That I attended deceased from april 2 1908 to april 26 1908 that I last saw h~~im~~ alive on april 26 1908, and that death occurred, on the date stated above, at 3-0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Tuberculer

Peritonitis (DURATION) DAYS

(Signed) Edgar S. Purkin M.D.

Address University Hospital

Date april 27 1908 1908

Place of Burial Oakland, Carroll Co Md

Date Apr 29 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

Remove to 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11740 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Laura Lindsley

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N.C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... April 24 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 29 1908 to April 24 1908

that I last saw h-- alive on April 24 1908,

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date April 25 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 27 1908 190

Undertaker Geo Thompson

Address 1805 Hope St.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C11741 Registered No. 81

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sabina Cooper

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 66. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid.

BIRTHPLACE (State or country): Penn.

FULL NAME OF FATHER: John W Arch.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Do not Know.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... James Halliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 4/28 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 27 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to April 27 1908 that I last saw h.. alive on April 27 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) Arterio-sclerosis

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay. M.D.

Address Bay View

Date April 27 1908

Place of Burial Holy Cross Cemetery

Date April 28 1908

Undertaker McGinnis & Carroll

Address 1227 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible]

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Maryland Penitentiary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Gilbert

{ Residence, if in Baltimore, Give Street and Number. } 605 E. Hughes St

Duration of Residence in Baltimore. Life

C11742

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 38 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jas Gilbert

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Unk

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Hayles

(Address) Md. Penitentiary

Filed 4/28 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1908

I HEREBY CERTIFY, That I attended deceased from 1905 to April 28 1908

that I last saw h[illegible] alive on April 27 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

3 months (DURATION) ..... DAYS

Contributory (Primary.) Glandular + Bone

Tuberculosis (DURATION) 4[illegible] DAYS

(Signed) Thurdon Lewis M.D.

Address 1808 N. Chas St

Date April 28 1908

Place of Burial Sacred Heart

Date Apl 28 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

104

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11743

City of Baltimore, (No. Home of Aged Franklin & Fulton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Ann Bollen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 22 1827 (Month) (Day) (Year)

AGE: 80 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Matthew Paterson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. R. Meowshaw

(Address) Home of Aged M. E. Church

Filed 4/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 27 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 25 1908 to Apr 27 1908 that I last saw h[illegible] alive on Apr 27 1908, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Acute Gastritis

(DURATION) 3 DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) William E Burdine M. D.

Apr 28 1908 (Address) 762 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltic Cemetery

DATE OF BURIAL: April 29 1908

UNDERTAKER: Geo J Smith Co

ADDRESS: 1600 N. Forest

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11744

City of Baltimore, (No. 1200 (near Maryland Ave) E. Eutaw St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adaline Hopkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: Colored
DATE OF BIRTH: January 1 (Month) 1 (Day) 1850 (Year)
AGE: 52 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed
BIRTHPLACE (State or country): md
FULL NAME OF FATHER: John Hars
BIRTHPLACE OF FATHER (State or country): md
MAIDEN NAME OF MOTHER: Mary Hars
BIRTHPLACE OF MOTHER (State or country): md
OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Jackson
(Address) 2202 Hunter ave

Filed 4/28 1908
HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 23 1908 to Apr 25 1908 that I last saw her alive on Apr 25 1908, and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Apoplexy (DURATION) 3 DAYS
Contributory Coma (DURATION) 1 DAYS

(Signed) H L Fair M. D.
Apr 27 1908 (Address) 12 E. 21st St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Bleck md. md
DATE OF BURIAL: 4/28 1908
UNDERTAKER: J H Lloyd
ADDRESS: 1352 Calhoun

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C11745 Registered No. B 29

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 W Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Langford

{Residence, if in Baltimore, Give Street and Number.} 213 W Montgomery

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ... 1 ...

AGE 32 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Ellie Pinkney

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Ellen Hutson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lottie Pinkney

(Address) 801 Plum alley

Filed 4/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1908

I HEREBY CERTIFY, That I attended deceased from Apr 13 1908 to Apr 27 1908

that I last saw h[illegible] alive on Apr 27 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Tuberculosis of Intestines (DURATION) (?) DAYS

Contributory (Primary.) Tuberculosis of Intestines (DURATION) (?) DAYS

(Signed) H. S. McCard. M.D.

Address 2005 Druid Hill Ave

Date April 28 1908

Place of Burial Laurel Ct

Date April 29th 1908

Undertaker I. L. Brown & Son

Address 10 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C11746 Registered No. B

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 2514 Francis St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin F Foard

{Residence, if in Baltimore, Give Street and Number.} 2514 Francis St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 25 1823

AGE: 84 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Baltimore Co

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christine Foard

(Address) 2514 Francis St

Filed 4/28 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 28th 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 1st 1908 to Apr. 27th 1908

that I last saw him alive on Apr. 27th 1908

and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Old age, gradual

Marasmus

2 to 3 weeks. (DURATION) DAYS

Contributory (Primary.) No disease (DURATION) DAYS

(Signed) E. A. Smith M.D.

Address 1605 W North Ave.

Date Apl. 28/1908 190

Place of Burial Waughs Chapel Cem Baltimore Co Md

Date Apr. 30 1908

Undertaker Wm Lowe

Address 503 E Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 650 W Mulberry — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L Finn (Finn)

{Residence, if in Baltimore, Give Street and Number.} 650 W Mulberry St

Duration of Residence in Baltimore. Life time C11747

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH ——— 1

AGE 20. years, 8 months, 7 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John J Finn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Kate Zervas.

BIRTHPLACE OF MOTHER (State or country) Albany N.Y.

OCCUPATION OF DECEASED Telephone Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Finn

(Address) 650 W Mulberry St

Filed 4/28 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27th 1908

I HEREBY CERTIFY, That I attended deceased from April 20th 1908 to April 27th 1908

that I last saw h alive on April 27th 1908

and that death occurred, on the date stated above, at 5.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis 1st

Asthenia.

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin

Date April 27th 1908

Place of Burial London Park.

Date April 30 1908

Undertaker Wm Cook

Address 502 E North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward D C11748 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 240 albemarle St.

Full Name Mary Corvilli

{Residence, if in Baltimore, Give Street and Number.} 240 albemarle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH April 28 1905

AGE ..... years, ... months, Few hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Domenic A Corvilli

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Elz. Conte

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Farther

(Address) .....

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1905

I HEREBY CERTIFY, That I attended deceased from April 27 1905 to April 28 1905 that I last saw h-e alive on April 28 1905 8 A., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Instantly Delivery

(accidental - Birth)

abnormally Large Child

(DURATION) few minutes DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. F. Valentine M.D.

Address 16 N. Broadway

Date April 28 1905

Place of Burial St Vincents

Date April 28 1905

Undertaker Wendell Dippel & Son

Address 837 N. Howard St

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 102 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Belle Lindeman

{ Residence, if in Baltimore, Give Street and Number. } 102 E. Madison St.

Duration of Residence in Baltimore Life C 11749

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 2" 1856

AGE 51 years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Lindenman

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Mary L. Gillingham

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Emerick

(Address) 1812 N. Schroeder St

Filed 4/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27" 1908

I HEREBY CERTIFY, That I attended deceased from Apr 24 1908 to Apr 27 1908

that I last saw her alive on Apr 27 1908

and that death occurred, on the date stated above, at 9 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Diffuse Broncho Pneumonia

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) F. J. Kirby M.D.

Address 710 E. Fort Ave

Date April 28 1908

Place of Burial Greenmount Cemetery

Date April 29" 1908

Undertaker Henry W. Means Jr.

Address 57 West North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward.....

CERTIFICATE OF DEATH.

124

(Place of Death.) No. Bay View Asylum C11 J50 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hollyday

{Residence, if in Baltimore, Give Street and Number.} 724 Third St

Duration of Residence in Baltimore. Highlandtown Md

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: age 24 1851

AGE: 57 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucien Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 4/29 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1908

I HEREBY CERTIFY, That I attended deceased from Aug 19 1903 to April 26 1908 that I last saw h alive on April 26 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date April 27 1908

Place of Burial Mt Olivet Cemetery

Date Apr 29 1908

Undertaker Robt J Kenney

Address 1442 Bway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C11751

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 729 E Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Mc Manus

{Residence, if in Baltimore, Give Street and Number.} 729 E Hoffman

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Nov 1881

AGE 26 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Wales

FULL NAME OF FATHER Wm Mc Manus

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kildermott

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Mc Manus

(Address) 729 E Hoffman

Filed 4/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apl 27 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to Apl 27 1908 that I last saw h[illegible] alive on Apl 26 1908, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 1238 Bank

Date Apl 27 1908

Place of Burial Holy Cross

Date Apl 30 1908

Undertaker Robt J Turner

Address 1442 N. Gilmor.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C11752 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Brown

{Residence, if in Baltimore, Give Street and Number.} 1429 Orleans st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Aug. 29th 1906

AGE: 1 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Moses Johnson

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Carrie Brown

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: ~~Cook~~ Brown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Brown

(Address) 1429 Orleans St

Filed 4/29" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27th 1908

I HEREBY CERTIFY, That I attended deceased from April 25 1908 to April 27 1908 that I last saw her alive on " 25 1908, and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. A. Sauer M.D.

Address 1405 Jefferson st

Date April 28th 1908

Place of Burial Asbury Cem

Date April 29" 1908

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11753 Registered No. B

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 2637 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonina Brzozowski

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 25 Years C11753

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 19 June 1882

AGE: 25 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Stanislaus Mokrazki

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Lichard

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Brzozowski

(Address) 2637 Hudson St

Filed 4/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 27 1908

I HEREBY CERTIFY, That I attended deceased from April 10 1908 to April 13 1908 that I last saw h[illegible] alive on April 13 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) 40 DAYS

Contributory (Primary.) Ine to Cold (DURATION) 60 DAYS

(Signed) S. J. Szumalski M.D.

Address 1713 Bank St

Date April 28 1908

Place of Burial Holy Rosary

Date April 30 1908

Undertaker M. F. Sudowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C11754

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2108 Canton Ave St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lilian Zaborowski

{Residence, if in Baltimore, Give Street and Number.} 2108 Canton Ave

Duration of Residence in Baltimore. Life

C11754

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 6th 1907

AGE ..... years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER Conrad Zaborowski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Victoria Dziuk

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leon Zaborowski

(Address) 2108 Canton Ave

Filed 4/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27th 1908

I HEREBY CERTIFY, That I attended deceased from April 26 1908 to April 27 1908 that I last saw h[illegible] alive on " " 190 . and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Con'tributory (Primary) Anasthion

(DURATION) 30 DAYS

(Signed) J. L. Dinner M.D.

Address 1735 Bank

Date April 27th 1908

Place of Burial Holy Rood

Date November 29 1908

Undertaker M. F. Eb Sudowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 S. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Marmis

{ Residence, if in Baltimore, Give Street and Number. } 807 S. Luzerne St

Duration of Residence in Baltimore. Life C11755

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 4th 1908

AGE ..... years, ... months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Alexander Marmis

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Froenie Ales

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Pipe mounder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alexander Marmis

(Address) 807 S. Luzerne St

Filed 4/29 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27, 1908

I HEREBY CERTIFY, That I attended deceased from April 26, 1908 to April 27 1908

that I last saw h alive on April 27 1908

and that death occurred, on the date stated above, at 8.20 M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Intestinal Obstruction

(DURATION) 3 DAYS

(Signed) W. L. Ruckard M.D.

Address 910 E. Lanvale St

Date April 27, 1908

Place of Burial Holy Rosary.

Date April 29. 1908

Undertaker J. J. Sudowski

Address 403 S. Amity

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

Registered No. 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie Breitman.

{Residence, if in Baltimore, Give Street and Number.} 1305 E. Lombard ste.

Duration of Residence in Baltimore. (Born here.) C11756

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. or Dec. 1906.

AGE: One years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Dave Breitman.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Bogunsky.

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Breitman

(Address) 1305 E. Lombard.

Filed 4/29" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 28, 1908.

I HEREBY CERTIFY, That I attended deceased from Apr. 23rd 1908 to Apr. 28. 1908, that I last saw her alive on Apr. 28 1908 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) 30 DAYS

Con'tributory (Primary.) Measles.

Bronchitis (DURATION) 14 DAYS

(Signed) H. D. Adler M.D.

Address 1616 E. Balto, Md.

Date Apr. 28. 1908.

Place of Burial Hebrew Roosdale Cemetery

Date April 29, 1908

Undertaker Max Levinson

Address 1820 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C11757 Registered No. B

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1119 Hollins St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name Lena Goldstein

{Residence, if in Baltimore, Give Street and Number.} 1119 Hollins St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Baltimore. 1

AGE 1 years, 4 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Isaac Goldstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Levin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. L. Goldstein

(Address) 1119 Hollins st

Filed 4/29" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28, 1908

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to April 28 1908 that I last saw her alive on April 28 1908 and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Wm O'Neill M.D.

Address 1315 Hollins st.

Date April 28 1908

Place of Burial Hebrew Rosedale Cemetery

Date April. 29, 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 Registered No. B 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1039 S. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Mary~~ Mary J. Blunder

{Residence, if in Baltimore, Give Street and Number.} 1039 S. Howard St

Duration of Residence in Baltimore. Life C11758

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josiah Blunder

(Address) 1039 S. Howard St

Filed 4/29 1905 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27th 1905

I HEREBY CERTIFY, That I attended deceased from April 24 1905 to April 27 1905 that I last saw her alive on April 27 1905, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or immediate)

Paralysis

(DURATION) 1 week DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 week DAYS

(Signed) C. H. Fuller M.D.

Address 912 S. Mary's St

Date April 28 1905

Place of Burial Mt Auburn

Date April 29 1905

Undertaker W. J. Johnson

Address 614 E. Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11759 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 Lwcast St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Christian

{Residence, if in Baltimore, Give Street and Number.} 719 Lwcast

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Christian

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Christian

(Address) 719 Lwcast St

Filed 4/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 28 1908

I HEREBY CERTIFY, That I attended deceased from Apr 25 1908 to Apr 28 1908

that I last saw h— alive on Apr 28 1908

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Consumption

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. Mellin M.D.

Address 1303 W Lombard

Date Apr 28 1908

Place of Burial Greenmount Cemetery

Date April 30 1908

Undertaker Wm J Johnson

Address 614 E Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11760 Registered No.

CERTIFICATE OF DEATH.

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary F. Jackson.

{ Residence, if in Baltimore, Give Street and Number. } 2223 Madison Ave.

Duration of Residence in Baltimore. 48 yrs.

C11760

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: X

BIRTHPLACE OF FATHER (State or country): X

MAIDEN NAME OF MOTHER: X

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E Bettelheim

(Address) 2223 Madison Av

Filed 4/29 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 29th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 10 1908 to Apr. 27 1908 that I last saw her alive on Apr. 28 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 DAYS

Contributory (Primary.) Interstitial Nephritis

(Signed) W. F. Carr. Jr. M.D.

Address 515 Mosher St.

Date Apr. 29th 1908

Place of Burial Laurel Cemetary

Date April 30th 1908

Undertaker Louis Lindheim

Address 923 Madison Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11761

City of Baltimore, (No. 805, Woodward St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Doratha Carroll

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 7 1865 (Month) (Day) (Year)
AGE	43 years, 10 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Car Carroll
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catherine Neuman
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R. Carroll

(Address) 805 Woodward St

Filed 4/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 28 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 26 1908 to Apr 28 1908 that I last saw her alive on Apr 27 1908, and that death occurred, on the date stated above, at 7.30 A. M. The CAUSE OF DEATH was as follows:

Rheumatic fever

(DURATION) 6 DAYS

Contributory meningitis

(DURATION) 1 DAYS

(Signed) H. E. Kniffe M. D.

Apr 28 1908 (Address) 1002 N. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lourden Park	April 30 1908
UNDERTAKER	ADDRESS
Josiah Sykes & Son	610 N. North Ave

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C11762

Registered No. B .....

City of Baltimore, (No. 638 N. Gilmor St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Earle Marton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: Dec (Month) 27 (Day) 1863 (Year)	
AGE: 44 years, 4 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	N. C.
FULL NAME OF FATHER	W. L. Marton
BIRTHPLACE OF FATHER (State or country)	N. C.
MAIDEN NAME OF MOTHER	Melissa Dardon
BIRTHPLACE OF MOTHER (State or country)	N. C.
OCCUPATION OF DECEASED	Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs. Emma B. Marton

(Address) 638 N. Gilmor St.

Filed 4/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 6 1908 to Apr 26 1908 that I last saw him alive on Apr 26 1908, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Heart disease —

(DURATION) sudden DAYS

Contributory Interstitial nephritis

(DURATION) several years DAYS

(Signed) M B Hurd M. D.

Apr 28 1908 (Address) 604 N Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Apr 29 1908
UNDERTAKER	ADDRESS
W. J. Pickerson Son	425 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 CH1763 Registered No. B 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 4 Filmore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Roberts

{Residence, if in Baltimore, Give Street and Number.} 4 Filmore st

Duration of Residence in Baltimore. 11 years C11763

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 13 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo W Roberts

BIRTHPLACE OF FATHER (State or country) Penna.

MAIDEN NAME OF MOTHER Emma E Miller

BIRTHPLACE OF MOTHER (State or country) Penna.

OCCUPATION OF DECEASED Candy factory

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Roberts

(Address) 4 Filmore St.

Filed 4/29 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 27 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 26 1908 to Apr. 27 1908 that I last saw h alive on Apr. 27 1908, and that death occurred, on the date stated above, at 3a

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis

(DURATION) 9 DAYS

Contributory (Primary.) Chronic Rheumatism

1 yrs (DURATION) DAYS

(Signed) John D. Rubin M.D.

Address 438 Gorsuch ave

Date Apr. 27 1908

Place of Burial St Paul Cemetery

Date April 30 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Matilda Thomas

{Residence, if in Baltimore, Give Street and Number.} Union Protestant Infirmary

Duration of Residence in Baltimore. Supposed all her life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Union Protestant Infirmary

(Address)

Filed 4/29 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27, 1908

I HEREBY CERTIFY, That I attended deceased from April 11 1908 to April 27 1908

that I last saw her alive on April 26 1908

and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Wayman M.D.

Address 1232 N. Carolina

Date 4-28 1908

Place of Burial Green Cathedral

Date April 29 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C11765 131

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent. Infantorium St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Paul Eagen

{ Residence, if in Baltimore, Give Street and Number. } St Vincent. Infantorium.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH March 21 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infs. Asy

(Address)

Filed 4/29 1908

HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 27 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1 1908 to Apr 27 1908

that I last saw h.. alive on Apr 27 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Malnutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Hayman M.D.

Address 1232 N Carolina

Date 4-28 1908

Place of Burial New Cathedral

Date April 29 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

C11766

CERTIFICATE OF DEATH.

15

(Place of Death.) No. St Vincents' Infant Asylum St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Dominic Kinterling

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore. Fifteen

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	April 13 1907
AGE	..... years, ... months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant St Vincents Inf. Asy.

(Address) /

Filed 4/29 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4— 28 1908

I HEREBY CERTIFY, That I attended deceased from Apr 13 1908 to Apr 28 1908

that I last saw h~~im~~ alive on 27 1908

and that death occurred, on the date stated above, at 8 ~~A~~ M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. Shayon M.D.

Address 1230 N Eutaw

Date 4— 28 1908

Place of Burial Mt Cathedral

Date April 29 1908

Undertaker Martin Kahly & Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincent. Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Day

{Residence, if in Baltimore, Give Street and Number.} St Vincent. Inf Asy.

Duration of Residence in Baltimore. September

C11767

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR N.

DATE OF BIRTH April 2 1907

AGE ..... years, ... months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincent Inf Asy.

(Address)

Filed 4/29 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 27 1908

I HEREBY CERTIFY, That I attended deceased from Apr 5 1908 to Apr 27 1908

that I last saw h[illegible] alive on Apr 26 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E W Hayward M.D.

Address 1220 E Cathedral

Date April 29 1908

Place of Burial New Cathedral

Date April 29 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11768 Registered No. B [illegible] 151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos H. Brown

{Residence, if in Baltimore, Give Street and Number.} Nursery & Childs Hospital

Duration of Residence in Baltimore. 25 days

C11768

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 18th 1907

AGE: ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) Nursery & Childs H.

Filed 4/29 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1908

I HEREBY CERTIFY, That I attended deceased from April 2nd 1908 to April 27 1908

that I last saw h[illegible] alive on April 20 1908

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate

Inanition

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 839 N Eutaw St.

Date April 27 1908

Place of Burial [illegible]

Date APR 28 1908 1908

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE

JOHNS HOPKINS HOSPITAL

FOR ANATOMICAL PURPOSES

87

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 21 Browns Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carl William L. Yingling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 27 (Day) 1907 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Carl W. Yingling.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie L. Bunser.

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Carl Yingling.

(Address) 21 Browns Lane.

Filed 4/29 1908. HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to April 27 1908 that I last saw him alive on April 27 1908, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

..... (DURATION) ..... DAYS

Contributory Convulsions

..... (DURATION) ..... DAYS

(Signed) J. B. Hyer M.D.

April 29 1908 (Address) 1800 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: April 29 1908

UNDERTAKER: Mrs Geo. P. Paulus

ADDRESS: 2161 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward .....

CERTIFICATE OF DEATH.

135

(Place of Death.) No. 2609 Fait Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Ulsch

{Residence, if in Baltimore, Give Street and Number.} 2609 Fait Ave

Duration of Residence in Baltimore. Life

C11770

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 1st 1884

AGE 24 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Kneo

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Minnie Mahla

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Ulsch

(Address) 2609 Fait Ave.

Filed 4/29 1908

HARRY G. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 1908

I HEREBY CERTIFY, That I attended deceased from April 26 1908 to April 26 1908

that I last saw h[illegible] alive on April 26 1908

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. L. Long M.D.

Address 2429 Fait Ave

Date April 26 1908

Place of Burial Mt. Carmel Cem.

Date April 29 1908

Undertaker H. Sander Sons

Address 1710 Linden Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 S. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah A. Cooney

{ Residence, if in Baltimore, Give Street and Number. } 508 S. Montford Ave

Duration of Residence in Baltimore. Life C11771

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 10th 1840

AGE 68 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Thurlow

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Crommerell

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Cooney

(Address) 508 S. Montford Ave

Filed 4/29 1908 HENRY O. MEYERS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28th 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 13 1908 to Apr. 28 1908

that I last saw her alive on " 27 1908

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Disease Heart

2 mos (DURATION) DAYS

Con'ributory (Primary) Cardiac Failure

— (DURATION) DAYS

(Signed) Chas. O. Neer M.D.

Address 619 Park Ave

Date Sept. 25 1908

Place of Burial Greenmount Cem

Date April 30 1908

Undertaker L. Sanderson

Address 170 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF

64

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 011772

Registered No. D .....

City of Baltimore, (No. 1022 Clifton Pl St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizibeth Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Jan. (Month) 25 (Day) 1859 (Year)

AGE: 49 years, 3 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Patrick Glenn

BIRTHPLACE OF FATHER (State or country): Irlond

MAIDEN NAME OF MOTHER: Cecilia Glenn

BIRTHPLACE OF MOTHER (State or country): Irlond

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Watkins

(Address) 1022 Clifton Pl

Filed April 29 1908 & the day of

HARRY O. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 27th 1908 to April 27 1908 that I last saw her alive on April 27th 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 38 DAYS

Contributory Exhaustion

(DURATION) 10 DAYS

(Signed) J Wade M. D.

April 28 1908 (Address) 621 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: April 30 1908

UNDERTAKER: McGinnis-Barroll.

ADDRESS: 1227 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vincent Waldron

{ Residence, if in Baltimore, Give Street and Number. } Mt Washington Md

Duration of Residence in Baltimore. 7

C 11773

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 1907

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Patrick Waldron

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Maguire

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Waldron

(Address) Mt Washington

Filed 4/29 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1908

I HEREBY CERTIFY, That I attended deceased from April 26 1908 to April 28 1908

that I last saw him alive on April 28 1908,

and that death occurred, on the date stated above, at 3 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hosp

Date April 29 1908

Place of Burial St Patrick, Cem

Date April 30th 1908

Undertaker M Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11774 Registered No. B 33

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Martin

{ Residence, if in Baltimore, Give Street and Number. } 1327 James St.

Duration of Residence in Baltimore. 8 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 1

AGE: ... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Stefan Martin

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Damm.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Martin

(Address) 1327 James st

Filed 4/29 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28th 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to April 28 1908 that I last saw h alive on April 28 1908, and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure and Asphyxia

(DURATION) DAYS

Contributory (Primary.) Post Pharyngeal Abscess (Tuberculous) (DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date April 28 1908

Place of Burial Holy Cross R.R.Co

Date April 29th 1908

Undertaker Jos. Hunter & Co

Address 318 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John W Matthews

{ Residence, if in Baltimore, Give Street and Number. } 1127 Hulls Lane

Duration of Residence in Baltimore. L C11775

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: B.

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bell Stewart

(Address) 1212 Jefferson St.

Filed 4/29 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 26 — 1908.

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to April 26 1908

that I last saw h alive on April 26 1908,

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 26 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 9 DAYS

(Signed) H K Fisher M.D.

Address Balto City Hospital

Date April 27 — 1908

Place of Burial Laurel

Date April 29th — 1908

Undertaker R F Elliott

Address 508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

Registered No. [illegible]

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 122 N. Dallas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Gabel

{Residence, if in Baltimore, Give Street and Number.} 122 N. Dallas St.

Duration of Residence in Baltimore. 55 Years C11776

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 12 1824

AGE 84 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Gabel

(Address) 122 N. Dallas

Filed 4/29 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27th 1908

I HEREBY CERTIFY, That I attended deceased from April 18 1908 to April 27 1908

that I last saw h[illegible] alive on April 27 1908

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis — Four years

Senile decay (DURATION) [illegible] Days

(Signed) Geo. Matthews M.D.

Address 6 N. Broadway

Date April 28 1908

Place of Burial St. Mathew Cem

Date 4/30/08 190

Undertaker Herring & Son

Address 200 S. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. C11777

50

CERTIFICATE OF DEATH.

(Place of Death.) No. #1836 Eastern Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George F. Emerine

{Residence, if in Baltimore, Give Street and Number.} #1836 Eastern Ave.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 22nd 1882

AGE: 25 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo M. Emerine

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary Mueller

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Milk Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Beulah Emerine

(Address) 1836 Eastern Ave

Filed 4/29 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April - 27 - 1908

I HEREBY CERTIFY, That I attended deceased from Jan. - 7 - 1908 to April 27 1908

that I last saw him alive on April - 27 1908

and that death occurred, on the date stated above, at 8 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Extreme emaciation and exhaustion.

(DURATION) 10 DAYS.

Contributory (Primary) Diabetes Mellitus.

Mastoiditis, Gangrene Lungs and pulmonary of body (DURATION) 110 DAYS

(Signed) Perry G. Lausch M.D.

Address 121 - Jackson Square

Date April - 29 - 1908

Place of Burial Oak Lawn Cem

Date 4/30/08 190..

Undertaker J. Henry & Son

Address 700 S. Oldenwood

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1702 Lemmon St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Helena Carson

{Residence, if in Baltimore, Give Street and Number.} 1702 Lemon St

Duration of Residence in Baltimore. C11778

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 15 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER Wm S Carson

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Lena Kurtz

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Kurtz

(Address) 1702 Lemmon St

Filed 4/29 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28th 1908

I HEREBY CERTIFY, That I attended deceased from April 26th 1908 to April 28th 1908

that I last saw h[illegible] alive on April 27th 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxic Enteritis

(DURATION) 1 DAYS

Contributory (Primary.) Scarlet fever

(DURATION) 2 DAYS

(Signed) Wh. Nicholls M.D.

Address 30 N. Fulton Ave

Date April 28th 1908

Place of Burial Baltimore Cemetery

Date April 29 1908

Undertaker John F Coyne Jr.

Address 901 Rollins St.

2/20 Clock

WM. J. C. DULANY CO., BALTIMORE

Dr Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 1024 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgie & Annie Berger (Twins)

{Residence, if in Baltimore, Give Street and Number.} 1024 W Lombard St

Duration of Residence in Baltimore. 3 Days — C11779

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 26 1908

AGE — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Geo M. Berger

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Annie Rubricht

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo M. Berger

(Address) 1024 W Lombard

Filed 4/29 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29th 1908

I HEREBY CERTIFY, That I attended deceased from April 16 1908 to April 29 1908 that I last saw h alive on April 28 1908, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Kemp M.D.

Address 517 Cath Ave

Date April 29 1908

Place of Burial Loudon Park

Date April 29 1908

Undertaker Jos B Cook

Address 400 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C11780 Registered No. 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 2006 E Pratt St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth S Fox

{Residence, if in Baltimore, Give Street and Number.} 2006 E Pratt St

Duration of Residence in Baltimore. Life C11780

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1 .....

AGE About 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Franklin Hopkins

BIRTHPLACE OF FATHER (State or country) Washington D C

MAIDEN NAME OF MOTHER Ann Maria Smithson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Williamson

(Address) Orange N. J.

Filed 4/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 25th 1908 to Apr 28th 1908

that I last saw h alive on Apr 25th 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute indigestion

..... (DURATION) ..... DAYS

Contributory (Primary) Mitral insufficiency

..... (DURATION) ..... DAYS

(Signed) C. T. Sanders M.D.

Address 2 S. Baltimore Place

Date Apr 29th 1908

Place of Burial Greenmount Cemetery

Date May 1st 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Feehley (Freehely)

{ Residence, if in Baltimore, Give Street and Number. } 11 N Heath St

Duration of Residence in Baltimore.

C 11781

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Michael Freehely

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ~~Lord~~ Ann Welsh

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lower Holliday. Supt.

(Address) BAY VIEW ASYLUM

Filed 4/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1908

I HEREBY CERTIFY, That I attended deceased from March 27 1908 to April 27 1908

that I last saw h~~im~~ alive on April 27 1908

and that death occurred, on the date stated above, at 4.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date April 27 1908

Place of Burial St. Patricks Cemetery

Date April 29 1908

Undertaker H. & M. S. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

C11782

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Horace Hale

{Residence, if in Baltimore, Give Street and Number.} 722 S. Register St

Duration of Residence in Baltimore.

C11782

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Boiler-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Halliday

(Address) BAY VIEW ASYLUM

Filed 4/29 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 25 1908 to April 28 1908 that I last saw h-im alive on April 28 1908, and that death occurred, on the date stated above, at 11.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hernia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View Asylum

Date April. 28 - 1908

Place of Burial Oak Lawn Crem

Date April 29 1908

Undertaker C. P. Nicolaus Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C11783

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 2224 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzetta Potter

{Residence, if in Baltimore, Give Street and Number.} 2224 Bank St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	June 20th 1854
AGE	53 years, 10 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Peter J. Stuebinger
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles B. Potter

(Address) 2224 Bank St

Filed 4/29 1908

Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27th 1908

I HEREBY CERTIFY, That I attended deceased from April 1st 1908 to April 27th 1908

that I last saw her alive on April 27 1908

and that death occurred, on the date stated above, at 12 00 noon. I. CAUSE OF DEATH (Secondary or immediate.)

Heart Failure

(DURATION) DAYS

Contributory (Primary.)

Duration Immediate (DURATION) Days

(Signed) [illegible] M.D.

Address 1535 E Lexington

Date April 29th 1908

Place of Burial Mount Carmel Cemetery

Date April 30th 1908

Undertaker Germanus France

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2708 O. Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matthew Siegelein

{Residence, if in Baltimore, Give Street and Number.} 2708 O. Donnell st,

Duration of Residence in Baltimore. Life C 11784

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 2nd 1887

AGE: 20 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Henry Siegelein

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Sedelmeyer

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Siegelein

(Address) 2708 O'Donnell St.

Filed 4/29 1908 MARY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16 1908 to April 27 1908 that I last saw h[illegible] alive on April 27 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

exhaustion

(DURATION) 3 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 6-7 mos

(Signed) [illegible] M.D.

Address Canton & Dillon Sts.

Date April 28 1908

Place of Burial Sacred Heart Cemetery

Date April 30th 1908

Undertaker Germanus Trance

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Mc Culloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Stevenson

{Residence, if in Baltimore, Give Street and Number.} 1103 Mc Culloh St.

Duration of Residence in Baltimore. 54 yr C11785

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 27th 1829

AGE 78 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penna.

FULL NAME OF FATHER John M. Stevenson

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Nancy Russell

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E Stevenson

(Address) 336 North St.

Filed 4/29 1908 HARRY C. ARDEN, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1908 to Apr 28 1908 that I last saw h im alive on Apr 28 1908 and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

General debility

(DURATION) DAYS

Contributory (Primary) Tuberculosis

(DURATION) 68 DAYS

(Signed) Joseph T. Smith M.D.

Address The Cecil

Date April 28 1908

Place of Burial Greenmount

Date Apr. 30th 1908

Undertaker G. F. Walker

Address 723 Lafayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1567
79

Jos T. Smith cecil.

Ward 0

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 2205 Druid St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob D. Horn

{ Residence, if in Baltimore, Give Street and Number. } 2205 Druid St

Duration of Residence in Baltimore. Life C11786

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Nov. 19th 1848

AGE 59 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John M. Horn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha A Horn

(Address) 2205 Druid St

Filed 4/29 1908 HARRY C. ANDREWS, PERNETT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 28 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 330 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by hanging.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address Corner Md

Date Apr 28 1908

Place of Burial National Cem.

Date April 30th 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

CERTIFICATE OF DEATH.

C11787

19

(Place of Death.) No. 1623 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Chambers

{Residence, if in Baltimore, Give Street and Number.} 1623. Pierce St

Duration of Residence in Baltimore. 60 Years

C11787

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April — 1830

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos Gall

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Simott

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Cantwell

(Address) 1623 Pierce St.

Filed 4/30 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1908

I HEREBY CERTIFY, That I attended deceased from As Comes 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Heart

Disease

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Bruce Jones M.D.

Address 1623 Pierce St

Date Dec 29 1907

Place of Burial New Cathedral

Date April — 30 — 1908

Undertaker Brooks Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY &

OFFICE OF REGISTRAR OF VITAL STATISTICS.

154

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11788

City of Baltimore, (No. 1156 E. 25th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 20th 1823 (Month) (Day) (Year)

AGE: 84 years, 5 months, 9 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm. Miller

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliz Lemmy

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward A Miller

(Address) 1156 25th St.

Filed 4/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to April 29 1908 that I last saw him alive on April 28 1908, and that death occurred, on the date stated above, at 5 a M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) DAYS

Contributory Complications of Dzeas

(DURATION) DAYS

(Signed) J. B. Joyce M. D.

April 29 1908 (Address) 800 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: May 1st 1908

UNDERTAKER: Leland & Fox

ADDRESS: 1729 W. Lafayette Ave

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH. C11789

Registered No. B .....

City of Baltimore, (No. 2201 Christian St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katie M. Studler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) 25 (Day) 1889 (Year)

AGE: 19 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John M Dorsel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barton Carlin

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno E. Studler

(Address) 2201 Christian St

Filed 4/30 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 13 1908 to Apr 28 1908

that I last saw h[er] alive on Apr 28 1908,

and that death occurred, on the date stated above, at 12 30 P. M. The CAUSE OF DEATH was as follows:

Toxaemia

(DURATION) 7 DAYS

Contributory Puerperal Hemorrhage 6 to 7 Hrs

Intracalvin (DURATION) DAYS

(Signed) Howard Kelly M. D.

4/28 1908 (Address) 20 E. Pratt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: May 1 1908

UNDERTAKER: Chas H. Deufel

ADDRESS: 80 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Ward .....

CERTIFICATE OF DEATH. 18

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J Keyes

{Residence, if in Baltimore, Give Street and Number.} 910 E. Monument

Duration of Residence in Baltimore. Life C11790

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 1

AGE: 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: \

BIRTHPLACE OF FATHER (State or country): \

MAIDEN NAME OF MOTHER: \

BIRTHPLACE OF MOTHER (State or country): \

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28. 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 9 1908 to April 28 1908 that I last saw h.. alive on April 28 1908, and that death occurred, on the date stated above, at 10 40 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Endo-Carditis

(DURATION) DAYS

(Signed) Robt F. Bay M.D.

Address Bay View

Date April. 28 1908

Place of Burial Laurel Cem

Date Apr 30 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3

CERTIFICATE OF DEATH.

10

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Peire Gibbs

{Residence, if in Baltimore, Give Street and Number.} 520 N Spring St

Duration of Residence in Baltimore. Life

C 11791

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored
DATE OF BIRTH	January 7 1908
AGE	0 years, 4 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John T Gibbs
BIRTHPLACE OF FATHER (State or country)	N.C.
MAIDEN NAME OF MOTHER	Rose Taylor
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Gibbs

(Address) 5307 Spring St

Filed 4/30 1908

HARRY C. ANDREWS
PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1908

I HEREBY CERTIFY, That I attended deceased from 4 Feb 1908 to April 28 1908

that I last saw h[illegible] alive on April 28 1908

and that death occurred, on the date stated above, at 2 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition.

&

Gastro intestinal intoxication

(DURATION) 30 DAYS

~~Contributory (Primary)~~

(DURATION) DAYS

(Signed) J Whitridge Jr. M.D.

Address Johns Hopkins Hospital

Date April 29 1908

Place of Burial Laurel

Date April 30 — 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

CERTIFICATE OF DEATH.

172

(Place of Death.) No. 1123 McCeedery St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Hornstein

{ Residence, if in Baltimore, Give Street and Number. } 1125 McCeedery St.

Duration of Residence in Baltimore. Life C11792

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 1

AGE 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Abraham Hornstein

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Hornstein

(Address) 1125 McElderry St

Filed 4/30 190 HARRY O. ANDREST Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 29 — 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 130 P. M. CAUSE OF DEATH (Secondary or Immediate)

Drowned in water closet of 1123 McCeedery St.

(Accidental) DURATION DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Fredk Carullo M.D.

Address Corner Ave

Date Apr 29 — 08 190

Place of Burial Hebrew Boardale Cemetery

Date April 30 190

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 2951 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl LeRoy Fisher

{ Residence, if in Baltimore, Give Street and Number. } 2951 Cedar Ave

Duration of Residence in Baltimore. Life C11793

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Nov 12th 1902

AGE: 8 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Oliver Fisher

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie B Howell

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver Fisher

(Address) 2951 Cedar Ave

Filed 7/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 30th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 8th 1908 to Apr 30 1908 that I last saw h[illegible] alive on Apr 29 1908, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Congestion - Coma & collapse

(DURATION) 2 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 25 DAYS

(Signed) Wm. H. Feddeman M.D.

Address 800 N. Ave

Date Apr 30th 1908

Place of Burial St. Mary's Hampden

Date May 1st 1908

Undertaker Horace Bisgyer

Address 3631 Falls Rd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11794

City of Baltimore, (No. 753 W Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriett E Glennon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 8 (Month) (Day) 1905 (Year)

AGE: 3 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John T Glennon

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laura Bell Alexander

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Alexander

(Address) 1113 Hollins Road

Filed 4/30 1908 MARY O'T ANDREWS? PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to April 28 1908 that I last saw her alive on April 28 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Gastro - intestinal intoxication - with Ileo-Colitis

(DURATION) 21 DAYS

Contributory Exhaustion (DURATION) 3 DAYS

(Signed) C W Mitchell M. D.

April 29 1908 (Address) 1002 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Balto County — DATE OF BURIAL: April 30 1908

UNDERTAKER: Thos E Hough Co — ADDRESS: 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE

Ward .....

C11795

CERTIFICATE OF DEATH.

C11795

93

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Z. Ash

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

C11795

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Michigan

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) ..... BAY VIEW ASYLUM

Filed 4/30 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 28 1908

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to April 28 1908 that I last saw h~~im~~ alive on April 28 1908, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Paralysis

..... (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date April 28 1908

Place of Burial [redacted]

Date [redacted] 190

Undertaker J. Thos. E. Hough Co

Address 1422 Eutaw Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1729 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary McLean

{Residence, if in Baltimore, Give Street and Number.} 1729 E Lanvale

Duration of Residence in Baltimore. 20 years C11796

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH March 27 1853

AGE 55 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER John R McLean

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Mary McLean

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J McLean

(Address) 1729 E Lanvale

Filed 4/30/1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1908

I HEREBY CERTIFY, That I attended deceased from July — 1907 to April 25 1908 that I last saw her alive on April 28 1908, and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) + DAYS

Contributory (Primary.) Carcinoma of Stomach

(DURATION) Severate DAYS

(Signed) H G Beall M.D.

Address 214 E Preston

Date April 28 — 1908

Place of Burial Loudon Park

Date Apr 30 1908

Undertaker Robt J Lennon

Address 1422 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

134

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Bryan

{ Residence, if in Baltimore, Give Street and Number. } 1843 N. Durham St.

Duration of Residence in Baltimore. L A C11797

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April ~~20~~ 24 1884

AGE 24 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John T. Bryan

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Emma M. Halem

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Tobacco Stripper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Emma Grimm

(Address 1843 N Durham

Filed 4/30 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw he alive on April 28 1908, and that death occurred, on the date stated above, at 4.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Secondary Anemia

(DURATION) ..... DAYS

Contributory (Primary.) Pregnancy and Labor (DURATION) ..... DAYS

(Signed) W. Partlow M.D.

Address J. H. H.

Date April 28th 1908

Place of Burial Baltimore Cemetery

Date April 1st 1908

Undertaker Robt J. Turner

Address 1742 N. Bway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C11798

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 North Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary H. Dobson

{Residence, if in Baltimore, Give Street and Number.} 1107 North Bond st

Duration of Residence in Baltimore. Life

C11798

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 29, 1840

AGE 68 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Joseph Morgan

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Margaret Kemp

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Dobson

(Address) 1107 N. Bond st.

Filed 4/30 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29, 1908

I HEREBY CERTIFY, That I attended deceased from when 1 1908 to Apr 29 1908, that I last saw h alive on Apr 28 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Carcinoma of Uterus, 6 Mos (DURATION) DAYS

(Signed) M. L. Tidd, M.D.

Address 1202 E. Monument st.

Date Apr 29 1908

Place of Burial Baltimore Co. Cemetery

Date May 1, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

11.9

(Place of Death.) No. 1637 Forman Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Newman

{Residence, if in Baltimore, Give Street and Number.} 1637 Forman court

Duration of Residence in Baltimore. 32 years. C11799

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Oct — 1857

AGE 51 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Harford Co Md.

FULL NAME OF FATHER John Newman

BIRTHPLACE OF FATHER (State or country) Harford Co. Md.

MAIDEN NAME OF MOTHER Linda Newman

BIRTHPLACE OF MOTHER (State or country) Harford Co. Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Newman

(Address) 1637 Forman Ct.

Filed 4/30 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 29th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 24th 1908 to Apr 29th 1908

that I last saw him alive on Apr 26th 1908,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis (DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. B. Linch M.D.

Address 1313 W. North Ave

Date Apr 29th 1908

Place of Burial Mt. Auburn

Date May the 1st 1908

Undertaker Alfred L. Friedland

Address 106 N Schroeder st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 29 S Gay. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Louise Kelly

{Residence, if in Baltimore, Give Street and Number.} 29 S Gay. St

Duration of Residence in Baltimore.....

C11800

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH April 30 1908

AGE 1 hr. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Chas. Kelly.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Magaret Bunn

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Kelly. (Father)

(Address) 29 S Gay. St

Filed 4/30 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto Apr. 30th 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1908 to April 30th 1908 that I last saw her alive on April 1908 and that death occurred, on the date stated above, at 12.25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Atelectasis Pulmonum

(DURATION) 1 hr DAYS

Con'tributory (Primary.) Dyspnoea

(DURATION) — DAYS

(Signed) August Kon M.D.

Address 1 & E. 23d St

Date April 30th 1908

Place of Burial Holy Cross C.C. Co.

Date April 30th 1908

Undertaker E Haste

Address 115 E Ward St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11801 104

CERTIFICATE OF DEATH.

Place of Death.) No. 129 N. Duncan Ct. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Kandl

{ Residence, if in Baltimore, Give Street and Number. } 129 N. Duncan Ct

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Martin Kandl

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Annie Vojik

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Martin Kandl.

(Address) 129 N. Duncan Ct.

Filed 4/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1908

I HEREBY CERTIFY, That I attended deceased from April 29 1908 to April 29 1908

that I last saw h[illegible] alive on [illegible] 190..., and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) 1 DAY

Contributory (Primary) Endocarditis (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2105 Ashland Ave

Date April 30 - 1908

Place of Burial Holy Redeemer

Date May 2 1908

Undertaker Frank Brach & Son

Address 1907 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Reg

CERTIFICATE OF DEATH.

147

(Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Davis Garing

{ Residence, if in Baltimore, Give Street and Number. } North East.

Duration of Residence in Baltimore.

C11802

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 5 1832

AGE: 76 years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. Mc. Morrison

(Address) North East Md

Filed 4/30 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from 3/27 1908 to 4/30 1908

that I last saw h-- alive on 190..

and that death occurred, on the date stated above, at 2 30 A. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Gangrene of Both Feet

(DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date 4/30 1908

Place of Burial North East Md

Date April 30 1908

Undertaker Wm J. Fickus & Son

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1015 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie McComas

{Residence, if in Baltimore, Give Street and Number.} 415 Whitridge Ave.

Duration of Residence in Baltimore. life

C11803

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co — Md

FULL NAME OF FATHER: Henry McComas.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Whelan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary McComas.

(Address) 415 Whitridge Ave

Filed 4/30 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 28 1908

I HEREBY CERTIFY, That I attended deceased from Apr 26 1908 to Apr 28 1908

that I last saw h alive on — 190—,

and that death occurred, on the date stated above, at 3.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary) Suppression of Urine (DURATION) 6 mo DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 St Paul St

Date Apr. 29 1908

Place of Burial Cathedral.

Date ~~Apr~~ May 1 1908

Undertaker Wm Cook & Co

Address 702 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or siugle) of the person deceased, and the ***cause and date of death.***

Ward 3

CERTIFICATE OF DEATH.

10?

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Bancroft Angel

{Residence, if in Baltimore, Give Street and Number.} 635 Ensor st.

Duration of Residence in Baltimore. Lifetime C 11804

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White

DATE OF BIRTH —— 1

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Thomas Angel.

BIRTHPLACE OF FATHER (State or country) Ponono

MAIDEN NAME OF MOTHER Ponono

BIRTHPLACE OF MOTHER (State or country) Ponono.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Lula Sanders

Address 420. N. 21st St.

Filed 4/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29th 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 4th 1908 to April 29th 1908.

that I last saw him alive on April 28th 1908.

and that death occurred, on the date stated above, at 10.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 30 DAYS

Contributory (Primary) Esophageal obstruction (DURATION) 90 DAYS

(Signed) J. H. Hempel, M.D.

Address 1103 Valley St

Date April 29th 1908.

Place of Burial Balto Cemetery

Date ~~April~~ May 1 1908

Undertaker Wm Cook

Address 102 E Madison

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CH805

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1416 N. Charles St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cecelia Mary Winter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 5 (Month) 30 (Day) 1873 (Year)

AGE: 34 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Conrad Schneider

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Seeburger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie A Kinsler

(Address) 1416 N. Charles St

Filed 4/30 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to April 1908

that I last saw her alive on April 28 1908,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Ulcerated Tubercular Laryngitis

(DURATION) ..... DAYS

Contributory Dysphagia Dyspnoea

(DURATION) ..... DAYS

(Signed) Wm T. Cattell M.D.

April 29 1908 (Address) 1308 N Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Holly Rediemer

DATE OF BURIAL: May 1 1908

UNDERTAKER: H. H. Jenkins Sons Co

ADDRESS: 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE.

Ward 11

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1115 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos. O. Foard

{Residence, if in Baltimore, Give Street and Number.} 1115 Madison Ave

Duration of Residence in Baltimore. 68 years C11806

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 5th 1817

AGE: 90 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jos. R. Foard

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Kitty Gouldsmith

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos R Foard

(Address) 1002 1/2 Eutaw Bldg Baltimore Md

Filed 4/30 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1907 to Apr 29 1908 that I last saw h[illegible] alive on April 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Senility.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. H. Tilly M.D.

Address 1113 Madison Ave

Date April 30th 1908

Place of Burial Gr E Emmanuel

Date May 1st 1908

Undertaker Newsenkins & Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1715 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian M. Rothman

{Residence, if in Baltimore, Give Street and Number.} 1715 W Fayette St.

Duration of Residence in Baltimore. 15 yrs C11807

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept — 15 — 1861

AGE 46 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. Dixon

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eliz Athey

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Rothman

(Address) 1715 W. Fayette St

Filed 4/30 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29th 1908

I HEREBY CERTIFY, That I attended deceased from April 20th 1908 to April 29th 1908

that I last saw h[illegible] alive on April 28th 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Congestion

& Asthenia.

(DURATION) 10 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date April 29th 1908

Place of Burial Lorraine Cem.

Date May — 1st 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1801 N Lexington St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine T Sees

{ Residence, if in Baltimore, Give Street and Number. } 1801 N Lexington St

Duration of Residence in Baltimore. 6 years

C 11808

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept - 29 - 1896

AGE: 11 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Chas. N. Sees

BIRTHPLACE OF FATHER (State or country): Ills

MAIDEN NAME OF MOTHER: Emma Conrad

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas N. Sees

(Address) 1801 N. Lexington St.

Filed 4/30 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29th 1908

I HEREBY CERTIFY, That I attended deceased from April 29 1908 to April 29 1908

that I last saw h[illegible] alive on " " 1908,

and that death occurred, on the date stated above, at 9.50 a M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwd L. Mortimer M.D.

Address 125 N Fulton Ave

Date April 29th 1908

Place of Burial Cathedral Cem.

Date May 1 " 1908

Undertaker Crowley Bros

Address 25 N. Fulton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 28 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Dodds.

{ *Residence, if in Baltimore, Give Street and Number.* } 28 N. Spring

Duration of Residence in Baltimore. Life. C11809

PERSONAL AND STATISTICAL PARTICULARS	
SEX f.	COLOR B
DATE OF BIRTH 1	
AGE X years, X months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) Baltic	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 4/30 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature - Utero gestation 7½ Mo.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Carullo M.D.

Address Coroner Md.

Date Apr. 30- 08 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date APR 30 1908 190

Undertaker Per. Wm. E. WOODALL.

Address

Commissioner Health.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

ff

Ward .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1614 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin Furmanski

{ Residence, if in Baltimore, Give Street and Number. } 1614 Aliceanna St

Duration of Residence in Baltimore. 7 yrs

C 11810

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....

AGE 18 years, 4 months, .. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Austria.

FULL NAME OF FATHER: Michael Rusz.

BIRTHPLACE OF FATHER (State or country): Austria.

MAIDEN NAME OF MOTHER: Dont Known.

BIRTHPLACE OF MOTHER (State or country): .. ..

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Rusch.

(Address) 1614 Aliceanna St

Filed 4/30 1908 HARRY O'S ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1908

I HEREBY CERTIFY, That I attended deceased from April 26th 1908 to April 29 1908

that I last saw h[illegible] alive on April 29 1908,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Phthisis

(DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Wanlass M.D.

Address 165 Broadway

Date April 30 1908

Place of Burial St. Stanislaus.

Date MAY 1 - 1908 190

Undertaker M. F. SADOWSKI

Address 703 S. Ann St.

BALTIMORE, MD.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

CERTIFICATE OF DEATH.

106

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Katie Stubbins

{ Residence, if in Baltimore, Give Street and Number. } 519 Kirby Lane.

Duration of Residence in Baltimore.

C 11811

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER John Dutrow

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Stubbins

(Address) 519 Kirby Lane

Filed 5/1 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29. 1908

I HEREBY CERTIFY, That I attended deceased from April 28th 1908 to April 29th 1908 that I last saw h alive on " " 1908 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary) Intestinal obstruction due to Peritonitis (Pelvic) (DURATION) DAYS

(Signed) [redacted] M.D.

Address 2209 Eutaw Pl

Date 190

Place of Burial Western Cemetery

Date May 1 1908

Undertaker Mrs Andrew Rohde Son

Address 930 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 757 Raborg — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Samuel James Jackson

{ Residence, if in Baltimore, Give Street and Number. } 757 Raborg St

Duration of Residence in Baltimore. Life.

C 11812

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH June 19 — 1900

AGE 7 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Winfield James.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Bertha Jackson.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Jackson

(Address) 757 Raborg St

Filed 6/1 190 8 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/29 190 8

I HEREBY CERTIFY, That I attended deceased from 4/29 190 8 to 4/29 190 8

that I last saw h alive on 4/29 190 8

and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

& Meningitis (Simple).

10 days (DURATION) DAYS

Contributory (Primary.) 0

(DURATION) DAYS

(Signed) L. E. Lonsdale M.D.

Address 609 W. Franklin.

Date 4/30. 190 8

Place of Burial Mt Auburn

Date May 1 190 8

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1431 William st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Fowler

{Residence, if in Baltimore, Give Street and Number.} 1431 William -

Duration of Residence in Baltimore. Life time C 11813

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: May 5 1878

AGE: 29 years, 11 mont's, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Monroe Fowler

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Annie R. Ritter

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Monroe Fowler

(Address) 1431 Williamson St

Filed 5/1 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 7 1908 to Apr. 30 1908 that I last saw h in alive on Apr 30 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) Two years DAYS

Contributory (Primary) Tuberculosis

Pulmonary (DURATION) Two years DAYS

(Signed) Frances A. Carpenter M.D.

Address Cor Madison and Bloom Sts

Date April 30 1908

Place of Burial Mt Olivet Cem

Date May 3 1908

Undertaker Jos. Jourdan's Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11614

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Steel Works St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs ~~Lott~~ Lovell (Lovell)

{ Residence, if in Baltimore, Give Street and Number. } Loneys Lane

Duration of Residence in Baltimore. 38 Years C11814

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1870

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jacob A. Smith

BIRTHPLACE OF FATHER (State or country): Balto co md

MAIDEN NAME OF MOTHER: Susan F. Baker

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob A. Smith

(Address) Newport. News Va

Filed 5/1 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 27 — 1908

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to April 28 1908 that I last saw h[illegible] alive on April 28 1908, and death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Peritonitis

(DURATION) ..... DAYS

Contributory (Primary.) appendicitis

(DURATION) ..... DAYS

(Signed) Wm Dean M.D.

Address Md. General Hosp

Date April 28 1908

Place of Burial Baltimore Cem

Date May 1st 1908

Undertaker W. P. N. Gaulthus

Address Fulton & Lindenwood

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 556 Robert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Colbert

{Residence, if in Baltimore, Give Street and Number.} 556 Robert St

Duration of Residence in Baltimore. 3 yrs

C 11815

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR ed

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Anne Arundle

FULL NAME OF FATHER Frederick Colbert

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER Rachel Dorsey

BIRTHPLACE OF MOTHER (State or country) Anne Arundle

OCCUPATION OF DECEASED Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Anthony Colbert

(Address) 556 Robert St

Filed 9/1 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from April 24 1908 to April 30 1908

that I last saw h alive on April 29 1908

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

a Laceration

(DURATION) 2 DAYS

Con'ributory (Primary) Bronchitis

(DURATION) 10 DAYS

(Signed) Jno J Kaelin M.D.

Address 852 N. Northern

Date April 30 1908

Place of Burial Annapolis Md

Date May 2nd 1908

Undertaker Clarence Wright

Address 1316 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 1432 Richardson St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Infant of Mathias & Julia Seif.

{Residence, if in Baltimore, Give Street and Number.} 1432 Richardson St.

Duration of Residence in Baltimore. Life C 11816

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 29. 1908

AGE — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Mathias Seif

BIRTHPLACE OF FATHER (State or country) Hungary.

MAIDEN NAME OF MOTHER Julia Franzco

BIRTHPLACE OF MOTHER (State or country) Hungary.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mathias Seif (Father)

(Address) 1432 Richardson St

Filed 5/1 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ... and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate

Mitral Insufficiency

Prematur Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. Reinhardt M.D.

Coroner

Address

Date April 30 1908

Place of Burial Holy Cross R C Ca

Date May 1 1908

Undertaker Jos. Stumbaugh

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1625 Bloson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Patrick Flynn

{ Residence, if in Baltimore, Give Street and Number. } 1625 Bloson St.

Duration of Residence in Baltimore. Life

C 11817

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 12 1908
AGE	years, months, 1/2 hour days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	James J. Flynn
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Margaret Cavanagh
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J. Flynn

(Address) 1625 Bloson St

Filed 5/1 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to 1908

that I last saw him alive on May 1 1908

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 1/2 hour DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Robt. P. J. Schmidt M.D.

Address 1318 E. Chase St.

Date 1908

Place of Burial Cathedral Cem.

Date May 1st 1908

Undertaker David and Margaret D. Flynn

Address 42 - East Hat St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C11818

Registered No. B.....

Registered No. D.....

City of Baltimore, (No. 1219, Hollin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary S. Coon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 18 (Day) 1842 (Year)

AGE: 66 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Hagerstown Md.

FULL NAME OF FATHER: Thomas Boyd

BIRTHPLACE OF FATHER (State or country): Hagerstown

MAIDEN NAME OF MOTHER: Matilda Neal

BIRTHPLACE OF MOTHER (State or country): Hagerstown

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hollie E. Haas

(Address) 1219 Hollin St.

Filed 5/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 20th 1908 to April 30th 1908 that I last saw her alive on April 29th 1908, and that death occurred, on the date stated above, at 12-10 A. M. The CAUSE OF DEATH was as follows:

Chronic Hepatitis

(DURATION) 3 months DAYS

Contributory Exhaustion

(DURATION) C DAYS

(Signed) H. W. Webner M. D.

May 1st 1908 (Address) 723 W. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Hagerstown Md | DATE OF BURIAL: 5-3 1908

UNDERTAKER: Robt Burkert | ADDRESS: 17 S Eutaw

CERTIFICATE OF DEATH.

2

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Healey

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. C 11819

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 47 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Pa	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Cook	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lester Holliday Supt.

(Address) BAY VIEW ASYLUM

Filed 8/1 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 5th 1908 to April 30 1908 that I last saw him alive on April 30 1908, and that death occurred, on the date stated above, at 5 00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date April. 30 1908

Place of Burial Sacred Heart

Date May 1 1908

Undertaker Chas. F. Evans

Address 1184 & 1170 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 Woodward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Sullen

{Residence, if in Baltimore, Give Street and Number.} 808 Woodward St

Duration of Residence in Baltimore. 40 yrs C 11820

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER James Sullen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Sullen

(Address) 808 Woodward St.

Filed 5/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4/30 1908

I HEREBY CERTIFY, That I attended deceased from November 1st 1907 to April 30 1908

that I last saw h.. alive on April 30 1908

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 6 DAYS

Con'ributory (Primary.) Carcinoma of Cervical Glands (DURATION) 6 months

(Signed) R. B. Freeman M.D.

Address 643 Columbia Ave.

Date April 30 1908

Place of Burial Cathedral Cemetery

Date May 2nd 1908

Undertaker John Holman

Address 951 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1610 Mc. Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Bell Miller

{Residence, if in Baltimore, Give Street and Number.} 1610 Mc. Henry St.

Duration of Residence in Baltimore. Life-time

C11821

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Nov 27th 1860	
AGE: 47 years, 5 months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER: Wm R Sewell	
BIRTHPLACE OF FATHER (State or country): Balto Co. Md	
MAIDEN NAME OF MOTHER: Annie E. Hawkins	
BIRTHPLACE OF MOTHER (State or country): Balto Co. Md	
OCCUPATION OF DECEASED: retired	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. W. Hinton

(Address) 1832 W. Franklin st

Filed 5/1 1908

HARRY O. ANDREWS
DEPUTY CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 29th 1908

I HEREBY CERTIFY, That I attended deceased from Apl 12th 1908 to Apl 29th 1908 that I last saw her alive on Apl 29th 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer Cachexia

(DURATION) 30 DAYS

Contributory (Primary) Carcinoma Stomach & Liver (DURATION) DAYS

(Signed) E. A. Kurtz M.D.

Address 1747 W. Lombard St.

Date April 29th 1908

Place of Burial Mt Olivet Cem

Date May 2nd 1908

Undertaker Geo J Smith Co

Address 1008 W. Fayette st

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

CERTIFICATE OF DEATH.

67

(Place of Death.) No. 1640 E. Eager St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Washington R. Hales

{Residence, if in Baltimore, Give Street and Number.} 1640 E. Eager st

Duration of Residence in Baltimore. 10 Years.

C 11822

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 9 1828

AGE: 79 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jacob Hales

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Patsy Lansdale

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mary Hales

(Address) 1640 E Eager St

Filed 5/1 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH APR 29 1908 190

I HEREBY CERTIFY, That I attended deceased from April 23d 1908 to April 29 1908

that I last saw h[illegible] alive on April 29 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Paralysis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. W. Simpson M.D.

Address 1026 N. Broadway

Date APR 30 1908 190

Place of Burial Lake Shore Md.

Date MAY 2 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

HARRY G. ANDREWS PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57

CERTIFICATE OF DEATH.

C11823

Registered No. B .....

City of Baltimore, (No. Germain Aged Home ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Mueller

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May (Month) 14 (Day) 1829 (Year)

AGE 78 years, 11 months, 16 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henri Wagner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eleonore Stahniger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record Germain Aged Home

(Address) 10 Balto St

Filed 5/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1908 to April 30 1908 that I last saw h er alive on April 30 1908, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Extreme weakness. Bad circulation

(DURATION) 30 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) Dr. J Reinhardt M. D.

April 30 1908 (Address) 1400 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park Cem

DATE OF BURIAL May 2 1908

UNDERTAKER J B Cook

ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

CERTIFICATE OF DEATH. 1824

(Place of Death.) No. Md. Gen. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Worthington

{Residence, if in Baltimore, Give Street and Number.} 846 Hampden St.,

Duration of Residence in Baltimore. One year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black,

DATE OF BIRTH: 1861

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married "

BIRTHPLACE (State or country): Md "

FULL NAME OF FATHER: Sandy Worthington

BIRTHPLACE OF FATHER (State or country): Md "

MAIDEN NAME OF MOTHER: Mary Lucas

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Dyson

(Address) 846 Hampden

Filed 5/1 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April 30 1908

I HEREBY CERTIFY, That I attended deceased from Apr 30 1908 to Apr 30 1908

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 5

I. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) ... DAYS

Contributory (Primary) Peritonitis

Cause unknown (DURATION) ... DAYS

(Signed) W. W. Bowry M.D.

Address Md. Gen. Hosp.

Date May 1, 1908

Place of Burial Charlotte Hall Md

Date May 3rd 1908

Undertaker Sam'l T. Chase & Son

Address 400 McHenry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1607 Lancaster. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Kuc

{ Residence, if in Baltimore, Give Street and Number. } 1607 Lancaster St

Duration of Residence in Baltimore. 18 years C11825

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH 1

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Galicia Austria

FULL NAME OF FATHER Frank. Bidronski

BIRTHPLACE OF FATHER (State or country) Galicia Austria

MAIDEN NAME OF MOTHER Tekla Pacynska

BIRTHPLACE OF MOTHER (State or country) Galicia Austria

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kuc

(Address) 1607 Lancaster

Filed 5/1 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1908

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to April 29 1908 that I last saw her alive on April 29 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Cirrhosis Liver

(DURATION) 3 DAYS

(Signed) Pierre C. Dausch M.D.

Address 121 Jackson Square

Date April - 30 1908

Place of Burial Holy Rosary

Date May 2nd 1908

Undertaker William Fiatkowski

Address 424 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 McMechen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. A. Bond

Residence, if in Baltimore, Give Street and Number. 513 McMechen

Duration of Residence in Baltimore. 17 years

C 11826

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Not Known

AGE about 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Penn Supposed

FULL NAME OF FATHER Edward Bond

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Bond

(Address) 513 McMechen St

5/1 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1908 to May 1 1908

that I last saw him alive on April 30 1908,

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Valvular Disease of the Heart (DURATION) 3 mos

(Signed) Wm. Holmes Bayle M.D.

Address Sanford Apts

Date May 1st 1908

Place of Burial Woodville Cross Roads Maryland Station Charles Co Md

Date May 2nd 1908

Undertaker Geo. B. Pue.

Address 1026 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name J. Bowers Bowers

{ Residence, if in Baltimore, Give Street and Number. } 1133 Argyle Ave

Duration of Residence in Baltimore. Life time

C11827

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Samuel C Bowers

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Maggie Tolson.

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel C Bowers

(Address) 1133 Argyle Ave.

Filed 5/1 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1908

I HEREBY CERTIFY, That I attended deceased from From Feb 13th 1908 to April 29th 1908

that I last saw him alive on April 29th 1908,

and that death occurred, on the date stated above, at 10-16 A.M. CAUSE OF DEATH (Secondary or Immediate

Rickets

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) J Marcus Boggs M.D.

Address 430 Cathedral Street

Date April 30th 1908

Place of Burial Mt Auburn Cemetery

Date May 2nd 1908

Undertaker Edwin S. Pue.

Address 102 E. Lafayette st.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C11828 — Registered No. B C11828

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 212 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Melvin Simms

{Residence, if in Baltimore, Give Street and Number.} 212 N. Bradford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE X years, 2 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Wm Beam

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Francis Simms

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Simms

(Address) 212 N Bradford st

Filed 5/1 190 8

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 30- 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsion
Sudden

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) E Carruthers M.D.

Address Carrs N Md

Date Apr 30 - 08 190

Place of Burial Laurel Cemetery

Date May 2. 190 8

Undertaker R St Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

HEALTH DEPARTMENT, City of Baltimore.

C11829 C11829

Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 519 Raborg St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Addel Evelyne Kennard

{ Residence, if in Baltimore, Give Street and Number. } 519 Raborg St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: August 18th 1905

AGE: ..... years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William Kennard

BIRTHPLACE OF FATHER (State or country): Annapolis, Md

MAIDEN NAME OF MOTHER: Alice Ann Travers

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt R. Elliott

(Address) 506 Rogers Ave

Filed 5/1 1905

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1908

I HEREBY CERTIFY, That I attended deceased from April 16th 1908 to April 29 1908

that I last saw h.. alive on Apl 29 1908,

and that death occurred, on the date stated above, at 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Bronchitis —

(DURATION) DAYS

(Signed) Arthur M Shanklin M.D.

Address University Hospital

Date April 30 1908

Place of Burial Mt Auburn

Date May 1 — — 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

This patient was treated in

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

C11630 Registered No. B C11630

CERTIFICATE OF DEATH.

74

(Place of Death.) No. Md. Homeopathic Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred M. Groff.

{Residence, if in Baltimore, Give Street and Number.} 104 Irving Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 3 rd. 1897

AGE 11 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Milton Groff

BIRTHPLACE OF FATHER (State or country) P. a.

MAIDEN NAME OF MOTHER Minnie Paterson.

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton Groff

(Address) 104 Irving ave:

Filed 5/1 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 30 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 21 1908 to Apr. 30 1908 that I last saw h~~im~~ alive on Apr. 30 1908, and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate

Shock following Operation for Brain Tumor

(DURATION) 8 hrs DAYS

Contributory (Primary.) Old injury from accidental blow on head 3 yrs. ago. (DURATION) 3 yrs DAYS

(Signed) Geo. R. Jones M.D.

Address 1122 N. Mount St.

Date Apr. 30 1908

Place of Burial Loudon Park

Date May 3 rd 1908

Undertaker C. H. Dill

Address 810 Fredk. ave:

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

C11831

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 120 S. Broadway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of [redacted] number.]

FULL NAME Susan E. Harrington.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 1 (Day) 1832 (Year)

AGE: 76 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Madison, Dorchester Co

FULL NAME OF FATHER: John Keene

BIRTHPLACE OF FATHER (State or country): Madison Dorchester Co

MAIDEN NAME OF MOTHER: Susan Craig

BIRTHPLACE OF MOTHER (State or country): Madison, Dorchester Co

OCCUPATION OF DECEASED: X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Phillips - Daughter

(Address) 20 S. Broadway

Filed 5/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 30th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 12th 1908 to April 30th 1908 that I last saw her alive on April 30th 1908, and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Hemiplegia Chronic Interstitial Nephritis

Several Years (DURATION) ..... DAYS

Contributory Atheroma

..... (DURATION) 3 DAYS

(Signed) H. J. Carrick M. D.

May 1908 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Dorchester Co. Md

DATE OF BURIAL: May 3rd 1908

UNDERTAKER: Kendall & Leppold Bros

ADDRESS: 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C11632 Registered No. B C11632

138

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 N Rose St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ella M Behrens

{ Residence, if in Baltimore, Give Street and Number. } 418 N Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 32 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frank McBride

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Cath. Reynolds

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House W

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Behrens

(Address) 418 N. Rose St.

Filed 5/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 10 P M.

CAUSE OF DEATH (Secondary or Immediate)

Eclampsia - during confinement

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carrollee M.D.

Address Coroner

Date ..... 190 .....

Place of Burial Mt. Carmel Cem.

Date May 2" 1908

Undertaker Wendell Lipsett Bond

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11633 Registered No. B C11633

CERTIFICATE OF DEATH.

18

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth Margaret Spring

{Residence, if in Baltimore, Give Street and Number.} 10 N. Chapel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 56 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Henry Koch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Cath. Spahn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Koch

(Address) 10 N. Chapel

Filed 5/1 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 30, 1908

I HEREBY CERTIFY, That I attended deceased from 4-27 1908 to 4-30 1908 that I last saw her alive on Apr. 30, 1908, and that death occurred, on the date stated above, at 11:45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1/2 hour DAYS

Contributory (Primary.) Myocarditis

(DURATION) 14 DAYS

(Signed) H. H. Hartmann M.D.

Address Hebrew Hospital

Date 5/1/08 1908

Place of Burial Holy Redeemer Cem.

Date May 4th 1908

Undertaker Wendell Lippel Bro.

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C11834

C11834

CERTIFICATE OF DEATH.

123

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margareth Dorney

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. About 64 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1820

AGE: 88 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Nicolas Gaynor

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary O'Brien

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

Address Preston & Valley sts

Filed 5/1 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1st 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Er alive on April 28 1908,

and that death occurred, on the date stated above, at 1.10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis

unknown (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date May 1 1908

Place of Burial St. Patricks Cemetery

Date May 2, 1908

Undertaker Henry W. Mears & Son

Address 805 W. Calvert st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C11835

Ward 5 1 C11835 Registered No. B 74

CERTIFICATE OF DEATH.

(Place of Death.) No. 627 Sterling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Bean

{Residence, if in Baltimore, Give Street and Number.} 627 Sterling St

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Negro

DATE OF BIRTH ——— 1857

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) St Marys Co Md

FULL NAME OF FATHER Thomas Bean

BIRTHPLACE OF FATHER (State or country) St Marys Co Md.

MAIDEN NAME OF MOTHER Martha Cole

BIRTHPLACE OF MOTHER (State or country) St Marys Co Md.

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie Bean

(Address) 627 Sterling st

Filed 5/1 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1908

I HEREBY CERTIFY, That I attended deceased from April 30th 1908 to April 30th 1908

that I last saw him alive on April 30th 1908

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John J. Frick M.D.

Address #936 E. Monument St

Date May 1st 1908

Place of Burial St Peters

Date May 2 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 X — C11836 — Registered No. B C11836

CERTIFICATE OF DEATH.

81

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Cortee.

{ Residence, if in Baltimore, Give Street and Number. } Cortee, Prince George Co, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: 1

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Cortee.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: H. F. Snowden

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R C Rose

(Address) 202 N Calvert St

Filed 5/2" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to May 1 1908

that I last saw h in alive on May 1 1908,

and that death occurred, on the date stated above, at 8.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

24 hrs. (DURATION) DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) DAYS

(Signed) Wm J Schmidt M.D.

Address St. Joseph's Hosp.

Date 1908

Place of Burial Woodville Prince G. Co

Date May 2 1908

Undertaker Wm Cook

Address 502 E Hamilton

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11837

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

C11837

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 823 Jackson Court St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Ellen McCarthy

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: —— (Month) —— (Day) 1 (Year)

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dennis McCarthy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm McCarthy

(Address) 823 Jackson Court

Filed 5/2 1908 CARRY OF ADDRESS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 27th 1908 to Apr 30th 1908 that I last saw her alive on Apr 30th 1908, and that death occurred, on the date stated above, at ——

I. The CAUSE OF DEATH was as follows:

Chronic Gastric Catarrh

About 4 Months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. J. Mulholland M. D.

190 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: May 4 1908

UNDERTAKER: H. C. Brauning & S. Poppleton — ADDRESS: S. Poppleton St

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C11838 Registered No. B C11838

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2445- Francis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie C Saylor

{Residence, if in Baltimore, Give Street and Number.} 2445 Francis

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 20 July 1875

AGE: 31 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John L Milburn

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Susie McKay

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robert F Taylor

(Address) 2445 Frances

Filed 5/2 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1908

I HEREBY CERTIFY, That I attended deceased from April 11 1908 to May 1 1908

that I last saw h er alive on May 1 1908

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Consumption

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J A Melvin M.D.

Address 1303 W North Ave

Date May 2 1908

Place of Burial Graysons Wharf Methodist

Date May 2. 1908

Undertaker Isaiah Styles

Address 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11839

Ward 5 C11839 Registered No. B

CERTIFICATE OF DEATH. 79

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Frank Cummings

{Residence, if in Baltimore, Give Street and Number.} 1414 East Lexington Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas F. Cummings

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Rachannah Nichols

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachannah Cummings

(Address) 1424 E. Lexington St.

Filed 5/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from Feb 11 1908 to April 30 1908

that I last saw h~~im~~ alive on April 30 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral insufficiency & stenosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date May 1" 1908

Place of Burial Albany Evergreen Cemetery

Date May 3" 1908

Undertaker Alex. Hennelly

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C11640 — Registered No. B C11640

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 611 Greenwillow St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine Booze

{Residence, if in Baltimore, Give Street and Number.} 611 Greenwillow St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: colored
DATE OF BIRTH: —	1 —
AGE: 43 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	William Dobzn
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Jane Proutt
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John Booze

(Address) 611 Greenwillow St.

Filed 5/2 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1908

I HEREBY CERTIFY, That I attended deceased from March 20th 1908 to April 30th 1908

that I last saw h er alive on April 30th 1908

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac exhaustion

(DURATION) — DAYS

Contributory (Primary.) Mitral incompetency

(DURATION) 6 months — DAYS

(Signed) Chas J. Keller, M.D.

Address 333 W. Monument St

Date April 30th 1908

Place of Burial Mt. Auburn Cemetery

Date May 3" 1908

Undertaker Alex. Hearn Sons

Address 518 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C11841 Registered No. B C11841

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1121 N. Central ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George E. Miller

{ Residence, if in Baltimore, Give Street and Number. } 1121 N. Central ave.

Duration of Residence in Baltimore. 8 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 23rd 1908

AGE ~ years, ~ months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER George A. Miller

BIRTHPLACE OF FATHER (State or country) Balto. Co.

MAIDEN NAME OF MOTHER Sarah K. Gantrice

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Bertha Gonce

(Address) Parkville Balto Co.

Filed 5/2 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1908.

I HEREBY CERTIFY, That I attended deceased from April 23rd 1908 to May 1st 1908 that I last saw him alive on May 1st 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility
8 months in Utero

(DURATION) DAYS

Pneumonia in Mother
Contributory (Primary.)

(DURATION) 8 DAYS

(Signed) Harlan H. A. Meyer M.D.

Address 1031 N. Eutaw st.

Date May 1st 1908.

Place of Burial St Johns Cemetery Parkville Balto Co.

Date May 3d 1908

Undertaker Henry C Lassahn Jr

Address Fullerton Md

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C11842 Registered No. B C11842

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 613 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elmer Nelson

{Residence, if in Baltimore, Give Street and Number.} 613 N Montford Ave

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~April 30~~ March 15 — 1882 ~~1908~~

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas P Nelson

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Emma Garbrick

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Gas fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Chas P. Nelson

(Address 613 N. Montford Ave

Filed 5/2 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to April 30 1908 that I last saw him alive on April 27 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma

and

Tuberculosis (DURATION) ..... DAYS

and burrowing abscess of

Contributory (Primary) thigh & rectum (DURATION) 1 yr DAYS

(Signed) Frank G Moyer M.D.

Address 1500 Eutaw Place

Date May 1 1908

Place of Burial Oak Lawn Cemetary

Date May 4 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C11643 — Registered No. B C11643

CERTIFICATE OF DEATH.

30

(Place of Death.) No. 1408 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Juliet. M. Eppley

{Residence, if in Baltimore, Give Street and Number.} 1408 Mc Elderry st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 28th 1903

AGE 4 years, 11 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Wm H. Eppley

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mamie Reisinger

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Eppley

(Address) 1408 Mc Elderry st

Filed 5/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1908

I HEREBY CERTIFY, That I attended deceased from April 6. 1908 to May 1. 1908 that I last saw h[er] alive on " " 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 25 DAYS

Contributory (Primary.) Carcinoma of Spine (Pott's disease) (DURATION) 6 mos DAYS

(Signed) H. H. Hartman M.D.

Address 1121 N. Caroline St.

Date May 1. 1908

Place of Burial Greenmount Cemetery

Date May 4 - 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ltimore.

Ward 11 C11844 Registered No. B C11844

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 1513 N Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas M Pulaski

{ Residence, if in Baltimore, Give Street and Number. } 1573 N. Franklin St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 28th 1828

AGE 59 years, 9 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thos C Pulaski

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Winnie Lutchueum

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED RR Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jas M Pulaski

(Address) 1573 N Franklin

Filed 5/2 190 8 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1908

I HEREBY ~~CERTIFY~~, That I attended deceased from Dec 9th 190 7 to April 30 190 8, that I last saw him alive on " " 190 8, and that death occurred, on the date stated above, at 10.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 5 DAYS

Contributory (Primary) Rheumatism (DURATION) 5 Mos

(Signed) Egbert L. Montgomery M.D.

Address 125 N Fulton Ave

Date May 1st 1908

Place of Burial London Park

Date May 2 1908

Undertaker W. J. Pickney & Sons

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11845 Registered No. B C11845

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Bloomingdale Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theodore F. Slack

{ Residence, if in Baltimore, Give Street and Number. } 716 Bloomingdale Road

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 5th ~~April 30th~~ 1845 ~~1908~~

AGE: 63 years, 2 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Slack

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Eliza —

BIRTHPLACE OF MOTHER (State or country): Balo Md.

OCCUPATION OF DECEASED: Letter Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Harriet Slack

(Address) 716 Bloomingdale Rd

Filed 5/2 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1908

I HEREBY CERTIFY, That I attended deceased from March 27" 1908 to April 30 1908

that I last saw him alive on April 30" 1908,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia following general asthenia

(DURATION) DAYS

Contributory (Primary) Fracture of neck of Femur, on March 27 "08, at 3½ (Fell down while going up steps at Brantly Baptist Church)

(DURATION) DAYS

(Signed) W. A. Zepp M.D.

Address 3050 N. Howard ave

Date May 1st 1908.

Place of Burial Western ✓ Tenn

Date May 3, 1908

Undertaker Joseph B Cook

Address 1003 ½ E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

[illegible] OF ADDRESS
PERMIT CLERK

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11846 Registered No. B C11846

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 810 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Hamberry

{Residence, if in Baltimore, Give Street and Number.} 810 N. Carey St

Duration of Residence in Baltimore. 44 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	68 years, mont's, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Ed Hamberry
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Margaret Walsh
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) M Cadogan

Address 696 Mulberry St.

Filed 5/2 1905

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1905

I HEREBY CERTIFY, That I attended deceased from April 29th 1905 to May 1st 1905

that I last saw h im alive on April 30th 1905

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthama ut Cardiac Asthmia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCallum M.D.

Address 656 W Franklin St

Date May 2nd 1905

Place of Burial New Cathedral

Date May 4 1905

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C11647 Registered No. B C11647

CERTIFICATE OF DEATH. 118

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. W. Lemmon

{Residence, if in Baltimore, Give Street and Number.} 2418 Druid Hill Ave.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1877

AGE 30 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Canada Ca Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Motorman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Minnie B. Lemmon

(Address 2418 Druid Hill ave

Filed 5/2 1908 HARRY C. ABRAMS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1908.

I HEREBY CERTIFY, That I attended deceased from April 1908 to May 1st 1908 that I last saw h im alive on May 1 1908 and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis after Operation

(DURATION) 4 DAYS

Contributory (Primary.) Gangrenous appendicitis (DURATION) 6 DAYS

(Signed) J. H. Branham M.D.

Address 2201 Eutaw Place

Date May 1st. 1908

Place of Burial Druid Ridge Cemetery

Date May 4 1908

Undertaker Chas. E. Franke

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 11848

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 11848

151

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 3335 Chestnut Ave St. in 8 Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Looney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 1 (Day) 1908 (Year)

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Howard Looney

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: D Gosnell

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Looney

(Address) 3335 Chestnut Ave

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 2nd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to May 2nd 1908

that I last saw him alive on May 1st 1908,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Child one day old, not quite up to time, 8½ mos. Very small and Emaciated, with a defective heart, died in less than 24 hours a Blue baby

(DURATION) ~~DAYS~~

~~Contributory~~

(DURATION) DAYS

(Signed) Geo H Baines M. D.

May 2nd 1908 (Address) 21 W 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Ft Mary A. | DATE OF BURIAL: May 2 1908

UNDERTAKER: A S Marshall | ADDRESS: 3539 Fait Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C11849

Ward 1

Registered No. B

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2704 Boston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John L. Phillips

{Residence, if in Baltimore, Give Street and Number.} 2704 Boston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 1 1842

AGE 25 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John L. Phillips

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Wilhelmina Williams

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [signature]

(Address) 1710 Canton Ave

Filed 5/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1908

I HEREBY CERTIFY, That I attended deceased from Oct 16 1907 to May 1 1908

that I last saw him alive on May 1 1908.

and that death occurred, on the date stated above, at 4-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) one year DAYS

Con'ributory (Primary) Exhaustion (DURATION) DAYS

(Signed) C. L. Long M.D.

Address 2429 Fait Ave

Date May 1 1908

Place of Burial Mt. Carmel Cemetery

Date May 4 1908

Undertaker H. SANDER & SONS

Address 1708-1710 Canton Avenue
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B C11650

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 907 Eastern Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas B. Kerr

{Residence, if in Baltimore, Give Street and Number.} 907 East Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	August 31st 1907
AGE	..... years, 8 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Bradley Kerr
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Clara Yaeger
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Yaeger

(Address) 907 Eastern Ave

Filed 5/2 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1908 to April 30 1908

that I last saw h alive on April 30 1908

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pneumonia

(DURATION) 2 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date May 1st 1908

Place of Burial Baltimore Cemetery

Date May 2nd 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Official — Registered No. B 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 2229 Etting St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Wm Jas. Jordan.

{ Residence, if in Baltimore, Give Street and Number. } 2229 Etting St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Sept 26th 1907

AGE: ..... years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Noah Jordan.

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lula Hudson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Noah Jordan

(Address) 2229 Etting St

Filed 5/2 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 30th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 30th 1908 to Apr 30th 1908 that I last saw him alive on Apr 30th 1908, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 3 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) F. C. Link, M.D.

Address 1318 N. Wolfe St

Date May 1st 1908

Place of Burial Mt Zion

Date May 3 1908

Undertaker W. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B C11852

CERTIFICATE OF DEATH.

(Place of Death.) No. 2803 E Fayett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Melvin Street.

{Residence, if in Baltimore, Give Street and Number.} 2803 E Fayett

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH April 30 1908

AGE X years, X months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltc

FULL NAME OF FATHER Robert Street

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lula Hart

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Street

(Address) 2803 E. Fayette st

Filed 5/2 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~ that I last saw h~~im~~ alive on ~~1908~~, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Premature: Intero Gest: 8 mo

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carullo M.D.

Address Coroner

Date May 2-08 1908

Place of Burial Holy Redeemer Cemetary

Date May 2nd 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C11853 Registered No. B C11853

48

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Harford Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline L. Brandel.

{ Residence, if in Baltimore, Give Street and Number. } 1407 Harford Av.

Duration of Residence in Baltimore..... 70 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Feb 6th 1828

AGE 80 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Philadelphia

FULL NAME OF FATHER Ferdinand Brandels

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Shaner

(Address) 1407 Harford Av.

Filed 5/2 190.... Registrar

HARRY O. ANDREWS, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 12th 1908 to April 30 1908 that I last saw h.. alive on April 30 1908, and that death occurred, on the date stated above, at 9½ a. m. CAUSE OF DEATH (Secondary or Immediate)

Chron Arteritis Pleurisy

(DURATION) 10 yrs

Con'ributory (Primary) Angina Pectoris (DURATION) 3 DAYS

(Signed) Edward Hilderman M.D.

Address 208 Aisquith St

Date May 2d 1908

Place of Burial Holy Redeemer

Date May 4th 1908

Undertaker C. Fink & Son

Address 910 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C11654

C11654 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

42

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 35 E. Fort ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna T. Wallace

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 16 (Day) 1850 (Year)

AGE: 57 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William G. Mearns

BIRTHPLACE OF FATHER (State or country): Dorchester Co Maryland

MAIDEN NAME OF MOTHER: Amanda Jones

BIRTHPLACE OF MOTHER (State or country): Dorchester Co - Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Crude

(Address) 35-E. Fort Ave

Filed 5/2 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 6 1908 to May 1 1908 that I last saw h[illegible] alive on May 1 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Carcinoma of Liver and Mesentery Glands

Several Months (DURATION) DAYS

Contributory Carcinoma of Liver (DURATION) Several months DAYS

(Signed) Frances A. Carpenter M.D.

May 2 1908 (Address) Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount cem	May 4 1908
UNDERTAKER	ADDRESS
D. Fenn McCarthy	39 E. Fort ave

WM. J. C. DULANY CO., BALTIMORE

Ward 1 C11855 Registered No. B C11855

CERTIFICATE OF DEATH.

(Place of Death.) No. 52 Wolfert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Hanasin

{Residence, if in Baltimore, Give Street and Number.} 52 Wolfert St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John U. Lennon

(Address) 1627 W. Lanvale.

Filed 5/2 1908 HARRY G. ADAMS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cr. Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carruthers M.D.

Address Crimea Med

Date May 1 - 08 1908

Place of Burial Cathedral

Date April. May 4. 1908

Undertaker Wm Cook.

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 011856 Registered No. B 011856

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Jones

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 22 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: David M Jones

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella Brown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1 1908

I HEREBY CERTIFY, That I attended deceased from March 31 1905 to May 1 1908 that I last saw h alive on May 1 1908, and that death occurred, on the date stated above, at 9 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 1 st 1905

Place of Burial London Park Cemetery

Date MAY 3 1908 190

Undertaker George A Gerber

Address 14 S Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C11657

Registered No. B C11657

CERTIFICATE OF DEATH. 43

(Place of Death.) No. 319½ Roland ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Anne Elizabeth Davis.

{ Residence, if in Baltimore, Give Street and Number. } 319½ Roland ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH unknown 1

AGE 71? years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Charlottesville Va.

FULL NAME OF FATHER Col. Danl. Adam Piper

BIRTHPLACE OF FATHER (State or country) Staunton Va

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus Davis.

(Address) 319½ -

Filed 5/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1905 to May 1 1908

that I last saw her alive on Apr 30 1908,

and that death occurred, on the date stated above, at 1.57 P. M. CAUSE OF DEATH (Secondary or Immediate)

lung due to exhaustion

attendant upon.

(DURATION) 6 DAYS

Contributory (Primary.) Cancer of the breast with metastasis 3 years (DURATION) ~~DAYS~~

(Signed) R. D. McCarty M.D.

Address 408 N Carrollton Ave

Date May 1st 1908

Place of Burial Greenmount.

Date May 4/08. 190

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11858 Registered No. B C11653

CERTIFICATE OF DEATH. 47

(Place of Death.) No. 625 N Payson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret L. Watkins

{Residence, if in Baltimore, Give Street and Number.} 625 N Payson St.

Duration of Residence in Baltimore. about 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Harford Co Md.

FULL NAME OF FATHER Wm Clark

BIRTHPLACE OF FATHER (State or country) Harford Co Md.

MAIDEN NAME OF MOTHER Margaret L Johnson

BIRTHPLACE OF MOTHER (State or country) Harford Co Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachael E Watkins

(Address) 625 N Payson St

Filed 5/2 1908 NAMES OF ADDRESS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1 1908

I HEREBY CERTIFY, That I attended deceased from Feb 21 1908 to May 1 1908 that I last saw h alive on April 30 1908, and that death occurred, on the date stated above, at 4.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) 90 DAYS

Contributory (Primary.) Rheumatism Several months

(DURATION) DAYS

(Signed) Dan'l D Phillips M.D.

Address 1929 Madison Ave

Date May 1 1908

Place of Burial St Marys (Hampden)

Date May 4th 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the U[illegible] or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full** [illegible] (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C11859 Registered No. B C11859

CERTIFICATE OF DEATH. 14

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Lowe

{ Residence, if in Baltimore, Give Street and Number. } 1708 Lombard St

Duration of Residence in Baltimore. 3 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Lebenstowe

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Taylor

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lebenstowe

(Address) 1708 W. Lombard St

Filed 5/2 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1 1908

I HEREBY CERTIFY, That I attended deceased from 4/27 1908 to 5/1 1908

that I last saw h-- alive on 5/1 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock (Surgical)

(DURATION) DAYS

Contributory (Primary.) Tumor of Brain

(DURATION) DAYS

Signed) Wilbur M Thurlby M.D.

Address University Hospital

Date 5/1 1908

Place of Burial Lylecrille Md Ford & Pky

Date May 3/08 190

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11660 Registered No. B C11660

CERTIFICATE OF DEATH. 93

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name David Steinberg

{Residence, if in Baltimore, Give Street and Number.} 1130 Laurel St

Duration of Residence in Baltimore. 19 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1

AGE: 1 years, 7 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jennie Friedman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant A. Steinberg

Address 1130 Laurel st

Filed 5/2 1908 HENRY D. ADDEMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2nd 1908

I HEREBY CERTIFY, That I attended deceased from April 9th 1908 to May 2 1908 that I last saw h sm alive on May 2 1908, and that death occurred, on the date stated above, at 3.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Gangrene

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia (Lobar)

(DURATION) 23 DAYS

(Signed) H. H. Herrmann M.D.

Address Hebrew Hospital

Date May 2nd 1908

Place of Burial Hebrew Roardale Cemetery

Date May. 3, 1908

Undertaker Max Leinroy

Address ~~111~~ 1626 McElderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 1648

169

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 S Port St C11861 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Hopkins.

{Residence, if in Baltimore, Give Street and Number.} 614. S. Port St

Duration of Residence in Baltimore. Life.

Corner May 2

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 23rd 1905

AGE: 2 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Hopkins

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Lens

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hopkins

(Address) 614 S. Port St.

Filed 5/2nd 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1908

I HEREBY CERTIFY, That I attended deceased from 22 April 1908 to 1st May 1908

that I last saw her alive on 1st May 1908.

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Burns Hand?

Cellulitis. Sepsis

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred W Weber M.D.

Address 1721 Canton ave

Date May 2nd, 1908.

Place of Burial Mt. Carmel Cemetery

Date May 3rd 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate, setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11862

Registered No. B .....

City of Baltimore, (No. 911 , Whitis Alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Laws

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 16 March, Mon. 1847
(Month) (Day) Year

AGE 61 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Centerville

FULL NAME OF FATHER John Mason

BIRTHPLACE OF FATHER (State or country) Centerville

MAIDEN NAME OF MOTHER Annie Bowser

BIRTHPLACE OF MOTHER (State or country) Centerville

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Coleman

(Address) 227 Amity st,

Filed 5/2" 1908

PERMIT CLERK.

HARRY C. ANDREWS, Registrar

WM. J. C. DULANY CO., BALTIMORE.

HARRY C. ANDREWS,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from as corner 190 to 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Chr Bright's

Dis. 2 mos.
(DURATION) DAYS

Contributory .....
(DURATION) DAYS

(Signed) Patrick J Marlen M. D.

May 2 1908 (Address) 1002 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL May 3rd 1908

UNDERTAKER A. J. Ireland | ADDRESS 114 N Schroeder

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C11863 Registered No. B

CERTIFICATE OF DEATH. 9r

(Place of Death.) No. 1407 Wilmer al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ermer Brady

{Residence, if in Baltimore, Give Street and Number.} 1407 Wilmer al

Duration of Residence in Baltimore. 1 month

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	April 2 1908
AGE	..... years, ... months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Joseph Brady
BIRTHPLACE OF FATHER (State or country)	Calvert Co. Md
MAIDEN NAME OF MOTHER	Ella Borne
BIRTHPLACE OF MOTHER (State or country)	Calvert Co
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Avonia Carpenter

(Address) 1407 Wilmer al.

Filed 5/2" 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to April 30 1908 that I last saw h alive on April 30 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronco-Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Acute Coryza

(DURATION) 4 DAYS

(Signed) Joseph L. Valentine M.D.

Address 622 N Lombard St

Date May 2nd 1908

Place of Burial Mt Zion

Date Friday the 3d 1908

Undertaker Eames & Dennis

Address 1392 Preston

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

166

CERTIFICATE OF DEATH.

Registered No. B C11864

City of Baltimore, (No. Mu University Hosp. St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Algird Radavitch

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Feb 23 1894 (Month) (Day) (Year)
AGE	14 years, 2 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Balt Md
FULL NAME OF FATHER	Martin Radavitch
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	V. Stenkis
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Radavitch

(Address) 705 N. Lambert St.

Filed 5/3 1908

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 30 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Hemorrhage into abdomen from pistol shot wound accident ½ hr (DURATION)

Contributory (DURATION) DAYS

(Signed) Patrick F Martin M. D.

May 1st 190 8 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 705 N Lambert St How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Westen	May 3rd 1908
UNDERTAKER	ADDRESS
N. S. Fink	2113 N. Patterson

(Ord)

WM. J. C. DULANY CO., BALTIMORE.

...ARTMENT, City of Baltimore.

Ward 7 C11665 Registered No. B C11665

159

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~705 W. Pratt~~ 224 St. Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Fiedler

{Residence, if in Baltimore, Give Street and Number.} 200 W Pratt St

Duration of Residence in Baltimore 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 21st 1870

AGE: 37 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Vitus Fiedler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Bunsal

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Fiedler.

(Address) 705 W. Pratt St.

Filed 5/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2d 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pistol shot wound through head

Suicide

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Benj. D. Stanton M.D.

Address 121 N. Caroline St

Date May 2d 1908

Place of Burial Holy Redeemer Cem.

Date MAY 3 1908 190

Undertaker Germanus Trans

Address 403 S. Wolf St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C11866 Registered No. B C11866

CERTIFICATE OF DEATH. 50

(Place of Death.) No. 1412 Orleans St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Salvatore Pistorio

{ Residence, if in Baltimore, Give Street and Number. } 1412 Orleans St

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1838

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Salvatore Pistorio

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Commasa Mangione

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Fruit Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavo Di Mateo

(Address) 207 S. Wolfe St.

Filed 5/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1 1908

I HEREBY CERTIFY, That I attended deceased from Apr 24 1908 to May 1 1908 that I last saw him alive on May 1 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Liability Mellitus

(DURATION) 3 yrs DAYS

Contributory (Primary.)

Gangrene Foot (DURATION) 14 DAYS

(Signed) Anthony Ruotolo M.D.

Address 827 Aisquith St

Date May 2 1908

Place of Burial St Vincents Cemetery

Date May 3rd 1908

Undertaker Germanus Trance

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C1867 Registered No. B C1867

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 1931 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Sosbostowicz

{Residence, if in Baltimore, Give Street and Number.} 1931 Eastern ave

Duration of Residence in Baltimore. 9 years 6 mon

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) ~~Aust~~ Austria

FULL NAME OF FATHER Frank Sosbostowicz.

BIRTHPLACE OF FATHER (State or country) Austria.

MAIDEN NAME OF MOTHER Lizzie Stanisewa Urban.

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Sosbostowicz.

(Address) 1931 Eastern Ave

Filed 5/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from March 19 1908 to May 3 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate

Acute Parenchymatous Nephritis

about 6 weeks (DURATION) DAYS

Contributory (Primary)

Carcinoma Stomach (DURATION) DAYS

(Signed) M. J. Ryan M.D.

Address 2108 Eastern ave

Date May 3 1908

Place of Burial Holy Rosary.

Date Monday May 4 1908

Undertaker M. F. Hadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V, 01868 Registered No. B 01868

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 3103 E. Balto. St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella J. Webster

{ Residence, if in Baltimore, Give Street and Number. } 3103 E. Balto. St.

Duration of Residence in Baltimore. about 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 16 1852

AGE 55 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Allee Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John H Byers

(Address) 3103 E Baltimore

Filed 5/3 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from April 24 1908 to May 2 1908 that I last saw h er alive on May 1 1908, and that death occurred, on the date stated above, at 11.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 9 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 9 DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date May 3 1908

Place of Burial Mt Carmel

Date May 4" 1908

Undertaker Armstrong & Campbell

Address 715 Light

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C11869 OFFICE OF REGISTRAR OF VITAL STATISTICS. C11869

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

78

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1512, Baker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ginger

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug (Month) 5 (Day) 1829 (Year)
AGE	78 years, 8 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Jacob

(Address) 1572 Baker St.

Filed 5/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 26 1908 to May 1 1908 that I last saw h ex alive on " 1 1908, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Endocarditis

(DURATION) — DAYS

Contributory Old age

(DURATION) — DAYS

(Signed) Chas. C. Conser M. D.

May 2 1908 (Address) 1113 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western Cem. DATE OF BURIAL May 7 1908

UNDERTAKER W. McCook ADDRESS 506 E. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C116.0 Registered No. B C116.0

CERTIFICATE OF DEATH.

108

(Place of Death.) No. 1822 Lemon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Cunningham

{Residence, if in Baltimore, Give Street and Number.} 1822 Lemon St

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Colute

DATE OF BIRTH: 1

AGE: about 59 years, months, days

SINGLE, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Hugh Cuningham

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Finck

(Address) 1110 D Paca

Filed 5/3 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1908

I HEREBY CERTIFY, That I attended deceased from Apr 30 1908 to May 1 1908

that I last saw h alive on May 1 1908,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction

5 days (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. L. Conn M.D.

Address 1302 W Lombard St

Date May 1st 1908

Place of Burial St Peters

Date May 4/08 1908

Undertaker W. M. Cook

Address 503 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***cause and date of death.***

Ward 23 C11871 Registered No. B C11871

64

CERTIFICATE OF DEATH.

Place of Death.) No. 1440 S. Charles. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara F. Reichhardt.

{ Residence, if in Baltimore, Give Street and Number. } 1440 S Charles St

Duration of Residence in Baltimore. 55 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: December 11. 1833.

AGE: 74 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: ~~D~~ Bohm

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: J. Chas. Reichhardt (son)

(Address) 1440 S. Charles St

Filed 5/4 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 1. 1905.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date May 1. 1905.

Place of Burial Cedar Hill.

Date May 1 190 ...

Undertaker John J Devine & Co

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

40

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11872

Registered No. B

City of Baltimore, (No. 2101 Hoodbury Ave; St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha R. Price.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 1 (Day) 1833 (Year)

AGE: 74 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Abram Price

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Barnhart

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James S. Barlow

(Address) 2101 Hoodbury Ave

Filed 5 / 7 1908

HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3 / 08 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1907 to May 3/08 1908

that I last saw her alive on May 1st 1908,

and that death occurred, on the date stated above, at 12.20 P. M. The CAUSE OF DEATH was as follows:

Cancer of Stomach & Liver.

5 Months (DURATION) 12 DAYS

Contributory — — — —

— — (DURATION) DAYS

(Signed) E. Miller Reed, M. D.

May 3 1908 (Address) 904 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence —

How long at Place of Death? — Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL: Point Breeding, near Harris, Balto Co. Md

DATE OF BURIAL: May 5 1908

UNDERTAKER: Horace Burgee

ADDRESS: 3631 Falls Road

Ward 5 — C11673 — Registered No. B C11673

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benj. Harris

{Residence, if in Baltimore, Give Street and Number.} 222 Lanvale st

Duration of Residence in Baltimore. 25 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....

AGE 5'2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Harris

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Celia Berlin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/4 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to May 3 1908 that I last saw h[illegible] alive on May 3 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Wm. T. Bay M.D.

Address Bay View

Date May 3 1908

Place of Burial: Edna Rosedale Cem

Date May 4. 1908

Undertaker Max Levinson

Address 1225 McElderry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C1174 Registered No. B C1174

CERTIFICATE OF DEATH.

28

(Place of Death.) No. Md Gen. Hosp. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Marchant,

{ Residence, if in Baltimore, Give Street and Number. } 3453 Cedar Ave Hampden.

Duration of Residence in Baltimore. Life Marchant

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1870

AGE: 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md "

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address) Do do

Filed 5/2 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2, 1908

I HEREBY CERTIFY, That I attended deceased from April 17 1908 to May 2 1908 that I last saw h alive on " " 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure "

(DURATION) DAYS

Con'tributory (Primary) Tubercular

Meningitis (DURATION) 21 DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date May. 2, 1908

Place of Burial Int. Evergreen Cem.

Date May. 5. 1908

Undertaker J. Marchant.

Address 502. E. [redacted] ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C11875 Registered No. B C11875

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 1825 E. North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julius A. F. Loetz

{Residence, if in Baltimore, Give Street and Number.} 1825 E. North ave.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Loetz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinet Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Sophia M. Loetz

Address: 1825 E. North ave.

Filed 5/4 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 2nd 1908

I HEREBY CERTIFY, That I attended deceased from March 13th 1908 to May 2nd 1908 that I last saw h[er] alive on May 2nd 1908, and that death occurred, on the date stated above, at 5.5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Trouble, Cardiac Asthenia

(DURATION) 8 DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) Gilbert J. Spigelmire M.D.

Address 1503 E. North ave.

Date April 2/08. 190

Place of Burial Louden Park.

Date May 5 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C11676 Registered No. B C11676

43

CERTIFICATE OF DEATH.

Place of Death.) No. 1002 Harford Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Buttner

{Residence, if in Baltimore, Give Street and Number.} 1002 Harford Ave.

Duration of Residence in Baltimore. 54 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary E. Sutton

(Address) 1002 Harford Ave.

Filed 5/4 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3rd 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to May 3 1908

that I last saw her alive on May 3 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of breast

several months (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) ? DAYS

(Signed) L. M. C. Parker M.D.

Address 1057 Aisquith St

Date May 4th 1908

Place of Burial Holy Redeemer

Date May 6 1908

Undertaker Henry Hoeck & Son

Address 1301 & Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C1677 Registered No. B C1677

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1421 Bounty Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oscar Patterson

{ Residence, if in Baltimore, Give Street and Number. } 1421 Bounty Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Alexander Patterson

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Ella Swell

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Swell

(Address) 1421 Bounty Lane

Filed 5/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from —— 190 to —— 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Comm M.D.

Address 320 h Greene St

Date 190

Place of Burial Laurel Cemetery

Date 4 May 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C1678 Registered No. B C1678

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Little

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address)

Filed 5/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Pneumonia (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D Martin M.D.

Address

Date May 3 1908

Place of Burial New Cathedral

Date May 4 1908

Undertaker Martin Fahey Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11879 Registered No. B C11879

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Inf. Asy (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Anthony Lemond

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH 1

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 5/4 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Lif (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) R Martin M.D.

Address 1002 W Lafay. Ave

Date May 3 1908

Place of Burial Mem Cathedral

Date May 4 1908

Undertaker Martin Tobey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C1660 Registered No. B C1660

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hopkins

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 5/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address .....

Date May 3 — 1908

Place of Burial New Cathedral

Date May 4 1908

Undertaker Martin Finney & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11681 Registered No. B C11681

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asy St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Chas. Stuel

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 5/4 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Dranition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Laf. Ave.

Date May 3 1908

Place of Burial New Cathedral

Date May 4 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 11682

CERTIFICATE OF DEATH.

14V

(Place of Death.) No. St. Vincents Inf Asy (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alice Jessel

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf Asy

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 5 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 5/4 190 8 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 190 8

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary tuberculosis and general tuberculosis due to Cancrum Oris

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Mayhew M.D.

Address 1002 W Lafayette Ave

Date May 3 190 8

Place of Burial New Cathedral

Date ~~Cypress~~ May 4 190

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11683 Registered No. B C11683

CERTIFICATE OF DEATH.

Place of Death.) No. 421 Jefferson (E) St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. A. Hetherington

{ Residence, if in Baltimore, Give Street and Number. } 421 Jefferson st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 18 1836

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Wm. H. Hetherington

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Sarah F. Hoalton

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Hetherington

(Address) 421 Jefferson st

Filed 5/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to May 3 1908

that I last saw h alive on May 3 1908,

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia

Acute (DURATION) — DAYS

(Signed) Wm F Hetherington M.D.

Address 428 Gorsuch ave

Date May 3 1908

Place of Burial Greenmount Cemetery

Date May 6th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C11684 Registered No. B C11684

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Bruff

{Residence, if in Baltimore, Give Street and Number.} 1736 E. Federal st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 13 1876

AGE 32 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thos E. Bruff

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Eliz Sparklin

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos E. Bruff

(Address) 1736 E Federal

Filed 5/4 1905 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3. 1905

I HEREBY CERTIFY, That I attended deceased from April 15. 1905 to May 3. 1905 that I last saw him alive on " " 1905, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pericardial Effusion

(DURATION) 21 DAYS

Contributory (Primary) Acute Articular Rheumatism (DURATION) 35 DAYS

(Signed) Geo A. Hartman M.D.

Address 1121 N Caroline St

Date May 4. 1905

Place of Burial Loudon Park

Date May 5th 1905

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B 1

C11685

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Jackson

{Residence, if in Baltimore, Give Street and Number.} 1807 Fulton Terrace

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: Jan 1 1882

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Jackson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/4 190... HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3 1908

I HEREBY CERTIFY, That I attended deceased from April 2 1908 to May 3 1908 that I last saw him alive on May 3 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Wm. F. Peters M.D.

Address Bay View

Date May 3 - 1908

Place of Burial Mt Olivet

Date May 5 1908

Undertaker R. I. Parkin and Co

Address 213 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C11886 Registered No. B C11886

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 2042 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry A. Rosendale

{Residence, if in Baltimore, Give Street and Number.} 2042 Hollins st.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 2nd 1903

AGE: 5 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry C Rosendale

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizebeth S Dotterwich

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Knell

(Address) 917 Columbia Ave

Filed 5/14 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Apl 23rd 1908 to May 2nd 1908 that I last saw h im alive on May 2nd 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 10 DAYS

Contributory (Primary.) Cold.

(DURATION) DAYS

(Signed) E. A. Knott. M.D.

Address 1727 W. Lombard st.

Date May 2nd 1908

Place of Burial Cathedral Cemetery

Date May 5 1/2 1908

Undertaker C. D. Knell & Son

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7P C1687 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 W. Heath St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carl Neugebauer

{Residence, if in Baltimore, Give Street and Number.} 2 W. Heath St

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 25 1817

AGE: 90 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germ

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Weaver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida M. Besang

(Address) 2 W. Heath St.

Filed 5/4 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from Apr 15 1908 to May 3 1908 that I last saw h[illegible] alive on May 2 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J H Grosharp M.D.

Address 1313 Light St

Date May 4. 1908 190

Place of Burial Cedar Hill Cem

Date May 5th 1908

Undertaker E. Schloman & Son

Address 169 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11688 Registered No. B C11688

CERTIFICATE OF DEATH. 1st

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dr Joseph O Farrington

{Residence, if in Baltimore, Give Street and Number.} 1991 Madison Ave New York

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 78 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry W Mears

(Address) 805 N Calvert St

Filed 5/4 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4" 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to May 4 1908 that I last saw him alive on May 4 1908, and that death occurred, on the date stated above, at 7.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Joseph T Smith, Jr. M.D.

Address Johns Hopkins Hospital

Date May 4 1908

Place of Burial New York City

Date May 4" 1908

Undertaker Henry McLean and Son

Address 805 N Calvert St

WM. J. C. DULANY CO., BALTIMORE

R C V

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C11889 Registered No. B C11889

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Briscoe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winford McBride

{Residence, if in Baltimore, Give Street and Number.} 1123 Briscoe St

Duration of Residence in Baltimore. Life C11889

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: Washington McBride

BIRTHPLACE OF FATHER (State or country): Balto. md

MAIDEN NAME OF MOTHER: Celia King

BIRTHPLACE OF MOTHER (State or country): Balto. md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia McBride

(Address) 1123 Briscoe

Filed 5/4 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to May 2 1908 that I last saw h— alive on May 1 1908, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis (7 D)

(DURATION) 4 mos DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 4 mos DAYS

(Signed) C. H. Hinkley M.D.

Address 712 S. Sharp St

Date May 4th 1908

Place of Burial Mt Auburn

Date May 5 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11890 Registered No. B C11890

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 Low St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Essie Lakansai

{Residence, if in Baltimore, Give Street and Number.} 1116 Low St-

Duration of Residence in Baltimore. 1½ years -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH 1

AGE 38 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Abraham Lakansai

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Blymmie Cohen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Kutchinsky

(Address) 1221 Mc Elderry st

Filed 5/4 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908.

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 3 1908 that I last saw h.er alive on May 3 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs at the end of labor (twins).

(DURATION) DAYS

Contributory (Primary) Chronic endocarditis

(DURATION) 8 years.

(Signed) J. C. Josephson M.D.

Address 4 N. Bway

Date may 4 1908

Place of Burial Hebrua Roandale Cemetery

Date ~~April~~ May. 5, 1908

Undertaker Max Levinson

Address 620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C11691

City of Baltimore, (No. 2852 Pennsylvania Ave St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Messersmith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January (Month) 16 (Day) 1840 (Year)

AGE: 68 years, 3 months, 17 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Emanuel Messersmith

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Messersmith

(Address) 2852 Pennsylvania Ave.

Filed 5/4 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1901 to May 3 1908 that I last saw him alive on May 2 1908, and that death occurred, on the date stated above, at 6.35 A.M. The CAUSE OF DEATH was as follows:

Chronic Brights

(DURATION) several years

Contributory Uraemia

(DURATION) 3 DAYS

(Signed) L. J. Frey, M. D.

May 3 1908 (Address) 2468 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: May 6 1908

UNDERTAKER: Chas. T. Evans

ADDRESS: 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

79

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 11893

City of Baltimore, (No. 529 North Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethelyn Lorena Curry

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 17 1908 (Month) (Day) (Year)

AGE ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Balto city Md

FULL NAME OF FATHER Walter A Curry

BIRTHPLACE OF FATHER (State or country) Shane, Balto Co Md

MAIDEN NAME OF MOTHER Hattie M Wiest

BIRTHPLACE OF MOTHER (State or country) Balto city Md

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie M. Curry

(Address) 529 N. Carey St

Filed 5/4 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 17 1908 to May 3 1908

that I last saw h-- alive on May 3 1908,

and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

&

Organic heart disease (DURATION) 5 DAYS

Contributory Gastritis (DURATION) 41 DAYS

(Signed) H. M. Stevenson M. D.

5/4 1908 (Address) 431 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	May 5 1908
UNDERTAKER	ADDRESS
Geo J Smith Co	W. Fayette

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

C11692 — Registered No. B C11692

CERTIFICATE OF DEATH.

(Place of Death.) No. 534 Mc Mechen St. 19

Full Name James B. Nolan

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{Residence, if in Baltimore, Give Street and Number.} 534 Mc Mechen St.

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosetta Nolan

(Address) 534 McMechen St

Filed 5/4 190 8 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3rd 190 8

I HEREBY CERTIFY, That I attended deceased from Mar. 23rd 190 8 to May 3rd 190 8

that I last saw him alive on May 3rd 190 8

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema.

Contributory (Primary) Myocarditis. (DURATION) Cardiac dilatation DAYS

(Signed) W. J. Carr, Jr. M.D.

Address 515 Mosher St.

Date May 3rd 190 8

Place of Burial Laurel Cemetery

Date May 6" 190

Undertaker Alex. Hemsley

Address 571 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11694 Registered No. B C11694

CERTIFICATE OF DEATH. 7

(Place of Death.) No. 620 E Balt St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Myron Denowitch

{Residence, if in Baltimore, Give Street and Number.} 620 E Balt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR White

DATE OF BIRTH 1

AGE 1 years, 3 months, ____ days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Benj Denowitch

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Anna Denowitch

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. Denowitch

(Address) 620 E Baltimore St

Filed 5/4 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1908

I HEREBY CERTIFY, That I attended deceased from Apr 14 1908 to May 4 1908

that I last saw h~~i~~m alive on May 4 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlatina

3 Wks (DURATION) DAYS

Con'tributory (Primary.) Admitted Cellulitis of Neck

2 Mo (DURATION) DAYS

(Signed) C. F. Blake M.D.

Address 1523 E Balt

Date May 4 1908

Place of Burial Hebrew Friendship

Date May 5, 1908

Undertaker Mary Lanpier

Address 1620 Mc Elderry St

4 P.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same shall be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

C11695

Registered No. B.....

City of Baltimore, (No. 1806 Ashland Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Kyle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 4 (Month) 29 (Day) 1907 (Year)	
AGE: ..... years, 11 months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: single	
BIRTHPLACE (State or country): Washington D.C.	
FULL NAME OF FATHER: Christopher C. Kyle	
BIRTHPLACE OF FATHER (State or country): Virginia	
MAIDEN NAME OF MOTHER: Laura Wolfe	
BIRTHPLACE OF MOTHER (State or country): Hagerstown Md	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Kyle

(Address) 1806 Ashland Ave

Filed 5/4 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 2nd 1908 to May 4 1908 that I last saw h[illegible] alive on May 2nd 1908, and that death occurred, on the date stated above, at 6:50 a.m. The CAUSE OF DEATH was as follows:

Child was sick when brought to the city a few days ago

Pneumonia (DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) John Ayd M. D.

4 4 1908 (Address) 793 E Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel	May 5th 1908
UNDERTAKER: Geo M. Frank	ADDRESS: 811 N Dolfield

WM. J. C. DULANY CO., BALTIMORE.

Ward 18 C11896 Registered No. B C11896

CERTIFICATE OF DEATH. 1st

(Place of Death.) No. 1131 W Baltimore St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

~~Full~~ Name Vincent L. Cummings

{Residence, if in Baltimore, Give Street and Number.} 1131 W Baltimore st

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 3 1905

AGE: 2 years, 7 months, 00 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Las J. Cummings

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Florence Connor

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant W F Kemp for family

(Address 8 W 25th St

Filed 5/5 1908 MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from Apl 20 1908 to May 3 1908

that I last saw h[illegible] alive on May 3 1908,

and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Kidney complications

(nephritis chronic)

* (complicated) (DURATION) May DAYS

Contributory (Primary.) Comp. Eruptive

Urian 16 months (DURATION) May DAYS

(Signed) W. F. Kemp M.D.

Address 8 W 25th.

Date May 4th 1908

Place of Burial Cathedral Cemetery

Date May 5th 1908

Undertaker John J Cowan

Address 901 Hollins st

* Over =

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C1197

C1197

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 601 Campbell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James M. McBride Ramm

{ Residence, if in Baltimore, Give Street and Number. } 601 Campbell st.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July. 18. 107

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John G Ramm

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary. Kesting

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Ramm

(Address) 601 Campbell St

Filed 5/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May. 3 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis.

(DURATION) ..... DAYS

Contributory (Primary) Exhaustion,

(DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W. La Fayette ave.

Date May. 4 1908.

Place of Burial ~~Cathedral~~ Cemetery

Date May 5 1908

Undertaker John J Lyman

Address 1701 Collins st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11898 Registered No. B C11898

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 846 S. Sharp Street (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriett Armstrong

{ Residence, if in Baltimore, Give Street and Number. } 846 S. Sharp Street

Duration of Residence in Baltimore. life — Armstrong

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: colored

DATE OF BIRTH: 1

AGE: 46 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): md.

FULL NAME OF FATHER: John Mitchell

BIRTHPLACE OF FATHER (State or country): md.

MAIDEN NAME OF MOTHER: Maria Miller

BIRTHPLACE OF MOTHER (State or country): md.

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Thomas

(Address) 846 Sharp St

Filed 5/5 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to May 3, 1908 that I last saw h[illegible] alive on May 2 1908, and that death occurred, on the date stated above, at 6a

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Disease

4 hrs (DURATION) DAYS

Contributory (Primary) Heart Failure

4 hrs (DURATION) DAYS

(Signed) C. H. Fiscus M.D.

Address 712 S. Sharp St

Date May 4th 1908

Place of Burial Mt. Auburn Cem.

Date May 5, 1908

Undertaker John A. Toadvine

Address 1420 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 — 011699 — Registered No. B 011699

CERTIFICATE OF DEATH.

9v

(Place of Death.) No. 530 S Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Wall c

{Residence, if in Baltimore, Give Street and Number.} 530 S Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: June 2 1907

AGE: ____ years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas Wall c

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md.

MAIDEN NAME OF MOTHER: Nettie Hardmon c

BIRTHPLACE OF MOTHER (State or country): Calvert Co md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Wall c (mother)

(Address) 530 S. Eutaw St

Filed 5/5 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3 1908

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h ____ alive on ____ 190 ,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Reinhardt M.D.

Address Coroner

Date May 3. 1908

Place of Burial M. Auburn Cem

Date May 5 1908

Undertaker John H Toadvine

Address 1412 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11900 Registered No. B C11900

CERTIFICATE OF DEATH.

(Place of Death.) No. 15½ Rossback Court ~~St.~~ 177

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maker Boone

{Residence, if in Baltimore, Give Street and Number.} 15½ Rossback St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH June 25 1869.

AGE 38 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co Md.

FULL NAME OF FATHER Isaac Boone Co

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Mary Brook Co

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Boone Co (Sister)

(Address) 15½ Rossback Ct

Filed 5/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12.15

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date May 5. 1908

Place of Burial Mt Auburn Ct

Date May 5th 1908

Undertaker C L Brown & Son

Address 108 N Mulgrave St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 11501 — Registered No. B [illegible]

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 3013. Monroe St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thos Alexander Myers

{Residence, if in Baltimore, Give Street and Number.} 3013. Monroe St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: August 27th 1831

AGE: 76 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Jacob Myers

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Sarah Solomon

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Myers

(Address) 3013. Monroe St

Filed 5/5/ 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1907 to May 4th 1908

that I last saw h[illegible] alive on May 4th 1908

and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 1/2 DAYS

Con'tributory (Primary.) Aortic Regurgitation (DURATION) 2 1/2 Years

(Signed) M O Blaney M.D.

Address 110 S. Gilmor St

Date May 4th 1908

Place of Burial Greenmount

Date May - 6th 1908

Undertaker Wm M. Gaulbrecht

Address North & Lanvale Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 10 C11902 Registered No. B C11502

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1926 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Henk.

{Residence, if in Baltimore, Give Street and Number.} 1926 Hollins St.

Duration of Residence in Baltimore. Five months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 11th 1844

AGE 64 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Widowed)

BIRTHPLACE (State or country) York Pa

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William C. Morton

(Address) 1926 Hollins St

Filed 5/5 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1908 to May 3, 1908 that I last saw him alive on May 3, 1908, and that death occurred, on the date stated above, at 9:45 p. m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.) X

(DURATION) X DAYS

(Signed) E. A. Dickey, M.D.

Address 14 N. Monroe St.

Date May 4, 1908.

Place of Burial York Pa ✓

Date Wednesday May 6th 1908

Undertaker F. B. Shipley

Address 1 Frederick Ave Ext'd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11503 C11503 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1607 N Gay St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie Parr

{Residence, if in Baltimore, Give Street and Number.} 1607 N Gay

Duration of Residence in Baltimore. 40

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: W
DATE OF BIRTH: Jan 18 1845	
AGE: 63 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): Germany.	
MAIDEN NAME OF MOTHER: May Bittner	
BIRTHPLACE OF MOTHER (State or country): Germany.	
OCCUPATION OF DECEASED: Tailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Parr

(Address) 1607 N Gay

Filed 5/5 1908 HARRY C. ANDREWS? DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4 1908

I HEREBY CERTIFY, That I attended deceased from Mch. 15. 1908 to May 4. 1908

that I last saw h[er] alive on " " 1908,

and that death occurred, on the date stated above, at 11 45 a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Anaemia

(DURATION) 4 or 5 months DAYS

Contributory (Primary.) Valvular Disease of Heart (DURATION) 1 yrs DAYS

(Signed) Geo. H. Hartman M.D.

Address 1121 E. Caroline St.

Date 190

Place of Burial Holy Redeemer

Date May 7 190 8

Undertaker Robt Kinnear

Address 1442 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C11904 Registered No. B C11904

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 N. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Kirch

{ Residence, if in Baltimore, Give Street and Number. } 1313 N. Port St.

Duration of Residence in Baltimore. Life Time C11904

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: July 31 1855

AGE: 52 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Bucks

FULL NAME OF FATHER: Ludewig Kirch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Produce dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Kirch

(Address) 1313 N Port

Filed 5/5 1904 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1904

I HEREBY CERTIFY, That I attended deceased from January 5 1904 to May 4 1904 that I last saw h[im] alive on May 3rd 1904, and that death occurred, on the date stated above, at 8:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Paralysis

(DURATION) 5 Yrs

(Signed) Gilbert G. Fitzgerald M.D.

Address 1503 E. North Ave.

Date May 4th. 1904

Place of Burial Mt. Olivet

Date May 6 1904

Undertaker Chas. J. Timmons

Address 1442 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 011505

CERTIFICATE OF DEATH.

(Place of Death.) No. 2106 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Miller

{Residence, if in Baltimore, Give Street and Number.} 2106 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Dec 23 1847

AGE: 58 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Stein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora A Miller

(Address) 2106 Eastern ave

Filed 5/5 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 2 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1908 to May 2 1908 that I last saw him alive on May 1 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. J. Kelly M.D.

Address 1116 S. Broadway

Date May 5 1908

Place of Burial Oak Lawn Cemetery

Date May 5 1908

Undertaker Robt O Turner

Address 1472 N. Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C11906

160

CERTIFICATE OF DEATH.

(Place of Death.) No. 163 Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas M Gray Sr

{Residence, if in Baltimore, Give Street and Number.} 163 Mulberry

Duration of Residence in Baltimore. Life

C11906

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR w

DATE OF BIRTH may 7 1850

AGE 57 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jno. W Gray

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Kenny

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E Gray

(Address) 1074 Montford Ave

Filed 5/5 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Knife

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fredk Carullen M.D.

Address Druid Hill Ave

Date May 3 1908

Place of Burial Oak Lawn

Date May 5 1908

Undertaker Robt J Timmons

Address 1422 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C11907

City of Baltimore, (No. 522, David Hill ave. St.; 17. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Andrew Sanders.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: June 12 (Month) (Day) 1876 (Year)	
AGE: 31 years, 3 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divd.	
BIRTHPLACE (State or country): Balto. Md.	
FULL NAME OF FATHER: William Sanders	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Lydia ann Benton	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED: packer in fancy store	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Sanders

(Address) 522. Druid hill ave.

Filed 5/5 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3. (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to May 3. 1908

that I last saw him alive on March 10 1908,

and that death occurred, on the date stated above, at 5.22 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

6 months (DURATION) — DAYS

Contributory —

(DURATION) DAYS

(Signed) Eugene Kerr M. D.

May 4 1908 (Address) 408 W. Saratoga St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 5 1908
UNDERTAKER	ADDRESS
J. Carlin's Sons	1411 W. Lexington

J. Carlin's Sons

Ward 7

Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 923 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine Gregory

{ Residence, if in Baltimore, Give Street and Number. } 923 S. Charles St.

Duration of Residence in Baltimore. life

C 11908

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 26. 1898

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William H. Gregory

BIRTHPLACE OF FATHER (State or country) N. Jersey

MAIDEN NAME OF MOTHER Adelaide Inwold

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Gregory

(Address) 923. S. Charles st

Filed 5-5- 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from April 1908 to May 3 1908 that I last saw her alive on May 2 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 2 DAYS

(Signed) H. A. Smith M.D.

Address 628 Hanover St

Date May 4 1908.

Place of Burial Mt Olivet

Date April 5 1908

Undertaker Geo. W. Evans

Address 1125 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11909 Registered No. B 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur F. Smith.

{Residence, if in Baltimore, Give Street and Number.} 1405 W Baltimore St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sep 26 1898

AGE 9 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Arthur F. Smith

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Elsie Carey

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie Smith

(Address) 522 S Smallwood

Filed 5/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4, 1908

I HEREBY CERTIFY, That I attended deceased from April 18 1908 to May 4 1908 that I last saw him alive on May 3 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pericarditis

(DURATION) 7 DAYS

Contributory (Primary.) Malaria

(DURATION) 16 DAYS

(Signed) Magruder M.D.

Address 1315 Hollins St

Date May 4 1908.

Place of Burial Loudon Park Western

Date May 7 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 654 W. German St St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Chas L Hanssen

{Residence, if in Baltimore, Give Street and Number.} 654 W German St

Duration of Residence in Baltimore. Life

C 11910

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH June 16 1865

AGE 43 years, 3 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Gerhardt Hanssen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Damer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Hanssen

(Address) 654 W. German St

Filed 5/5 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) Unaden DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date May 4 1908

Place of Burial Mt Olivet

Date May 6 1908

Undertaker Carl Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 13 Registered No. B [redacted] 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1381 Woodyear Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Mitchell

{Residence, if in Baltimore, Give Street and Number.} 1381 Woodyear St.

Duration of Residence in Baltimore. Always. C 11911

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR C.

DATE OF BIRTH July 28th 1907

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Mitchell

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Emma Spriggs

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Mitchell

(Address) 1381 Woodyear St

Filed 5/6 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK

HARRY O. ANDREWS

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1907 to April 28th 1908 that I last saw her alive on April 28th 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 26 DAYS

Contributory (Primary,) Poor physique

Condition (DURATION) DAYS

(Signed) L. M. Klein M.D.

Address 2242 Pennsylvania Ave

Date May 4th 1908

Place of Burial Mt. Lin Cemetery

Date May 6" 1908

Undertaker Alex. Hemsley

Address 517 N. Biddle Street

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas Clarke

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. C 11912

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Col.

DATE OF BIRTH ..... / ..... / 1

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Lamar Hollyday, Sun

Filed 5/5 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1st 1908

I HEREBY CERTIFY, That I attended deceased from April 25 1908 to May 1 1908 that I last saw h~~im~~ alive on May 1st 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 1st. 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 4 - 1908 190 .....

Undertaker Geo Thompson

Address 1815 E. Lo. St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

90

Ward 12 C1913

Registered No. B C11913 166

CERTIFICATE OF DEATH.

Place of Death.) No. 2120 Callow Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bruns

{ Residence, if in Baltimore, Give Street and Number. } 2120 Callow Ave

Duration of Residence in Baltimore. 64 Years

C 11913

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wh.

DATE OF BIRTH: Sept 8 1843

AGE: 84 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Hunter - Bruns

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bruns ✓

(Address) 2130 Callow Ave

Filed 5-15-1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1908

I HEREBY CERTIFY, That I attended deceased from May 2nd 1908 to May 4th 1908 that I last saw h alive on May 4th 1908, and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of the Base of the Skull (Accidentally thrown from carriage)

(DURATION) 2 DAYS

Contributory (Primary.) Accidental

(DURATION) DAYS

(Signed) H. S. Fisher M.D.

Address 9.E. Biddle St

Date May 4th 1908 ✓

Place of Burial St Pauls Gr Lutheran Cemetery

Date May 7 1908

Undertaker Mrs A Rohde Sons

Address 730 Park Ave

Dr Schuttemeier

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 Registered No. B 611914

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1524 N Caroline St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Clara Sheeden

{Residence, if in Baltimore, Give Street and Number.} 1524 N Caroline St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 24 1874

AGE 34 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thos L Cook

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margaret E Richards

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lee Wheeden

(Address) 529 N. Carlton St

Filed 5/6 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1908 to May 2 1908 that I last saw her alive on May 2 1908 and that death occurred, on the date stated above, at 12.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Stenosis.

Unknown (DURATION) DAYS

Con'ributory (Primary.) Chas Cook

Exhaustion (DURATION) 2 DAYS

(Signed) C. W. Macdonald M.D.

Address 1540 N. Broadway

Date May 5 1908

Place of Burial Loudon Park Cemetery

Date May 6th 1908

Undertaker H. Rowlett Sons

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 011915 Registered No. B

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 1310 W Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen W Bailey

{Residence, if in Baltimore, Give Street and Number.} 1310 W Lanvale st

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ....1....

AGE 50 about
50 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Peter Bailey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rose Warman

BIRTHPLACE OF MOTHER (State or country) Md -

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W H Bailey

(Address) 1310 W Lanvale st

Filed
5/5 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1908

I HEREBY CERTIFY, That I attended deceased from March 12 1908 to May 3 1908 that I last saw h er alive on May 3 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Tuberculosis

Two months
(DURATION) DAYS

Contributory (Primary.) Anaemia -

Two years
(DURATION) DAYS

(Signed) H. M. Evans M.D.

Address 1611 N Carey st

Date May 5 1908

Place of Burial Loraine Cem

Date May 6 1908

Undertaker Wm G. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Campbell

{ Residence, if in Baltimore, Give Street and Number. } 12 N Fremont Ave

Duration of Residence in Baltimore.

C 11916

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lemuel Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 5/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to May 2 1908 that I last saw h[illegible] alive on May 2 1908, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date May 3. 1908

Place of Burial Mt Auburn

Date May 5. 1908

Undertaker Robert A Elliott

Address 506 E Ropers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C11917

CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 Boony St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 92

Full Name Jane Nugent

{ Residence, if in Baltimore, Give Street and Number. } 1905 Boone St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 2d 1908

AGE — years, 1 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank C. Nugent

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary E. Valentine

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1905 Boone St

Filed 5/5 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

Brinton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday May 3rd. 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to May 3rd. 1908 that I last saw her alive on May 3rd 1908, and that death occurred, on the date stated above, at 4.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions, 2 hours (DURATION) ~~DAYS~~

Contributory (Primary) Capillary Bronchitis, (DURATION) 5 DAYS

(Signed) Wilmer Brinton, M.D.

Address S.W. Cor. Calvert & Preston Sts

Date May 4th. 1908

Place of Burial Cathedral

Date May 5 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11918 Registered No. B .....

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1239 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Jamieson

{ Residence, if in Baltimore, Give Street and Number. } 1239 Guilford Ave

Duration of Residence in Baltimore. 50 years

C11918

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 74 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Thomas Williams

BIRTHPLACE OF FATHER (State or country) Wales.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Wales.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hartley

(Address) 1239 Guilford Ave

Filed 5/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to May 4 1908 that I last saw h[illegible] alive on May 3 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 2 DAYS

Contributory (Primary) Chronic Nephritis

date (DURATION) 10 years DAYS

(Signed) J. H. Keath M.D.

Address 914 E Preston St

Date May 4 1908

Place of Burial Holy Cross

Date May 6 1908

Undertaker N. C. Windefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 61919

CERTIFICATE OF DEATH.

111

(Place of Death.) No. 114 Seldner Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Myrtle Johnson.

{ Residence, if in Baltimore, Give Street and Number. } 114 Seldner Place.

Duration of Residence in Baltimore... Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Mary J. Mason

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Sharps

(Address) 114 Seldner Place

Filed 5/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1908

I HEREBY CERTIFY, That I attended deceased from Apl 15 1908 to May 4 1908

that I last saw her alive on May 2 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

(DURATION) DAYS

Contributory (Primary) Marasmus.

(DURATION) DAYS

(Signed) C. Todd Bruns M.D.

Address 6028 Sharp St. Baltimore

Date May 4 1908

Place of Burial Mt. Auburn Cem.

Date May 5, 1908

Undertaker John H. Tradwin

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

11⁴

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas Monroe. Turney.

{ Residence, if in Baltimore, Give Street and Number. } Meyersdale Pa.

Duration of Residence in Baltimore. .....

C 11920

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 28 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Coal Miner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. T. Robinson

(Address) Grantsville Md

Filed 6/5 1908

HARRY C. ANDREWS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to May 4 1908

that I last saw him alive on May 4 1908,

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis

General Peritonitis

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) W D Gatch M.D.

Address Johns Hopkins Hospital

Date May 4 1908

Place of Burial Meyersdale Pa

Date May 5. 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C11921 Registered No. B C11921

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Johnson

{Residence, if in Baltimore, Give Street and Number.} 1336 Argyle Ave.

Duration of Residence in Baltimore. Own 40 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH B 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Co. Md

FULL NAME OF FATHER Horace Johnson

BIRTHPLACE OF FATHER (State or country) Balto. Co. Md

MAIDEN NAME OF MOTHER Rebecca ——

BIRTHPLACE OF MOTHER (State or country) Balto. Co. Md

OCCUPATION OF DECEASED Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Brown

(Address) 807 Cathedral St

Filed 5/5 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1907 to May 4 1908

that I last saw him alive on May 3 1908

and that death occurred, on the date stated above, at 8:20 M. CAUSE OF DEATH (Secondary or Immediate.)

Dilatation of Heart

About 1 Year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles F. Brown M.D.

Address 807 Cathedral St

Date May 4 1908

Place of Burial St Peters Cemetery

Date May 7th 1908

Undertaker Felix Pepe

Address 122 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B

CERTIFICATE OF DEATH. 54

(Place of Death.) No. 2441 E Federal St. (If Death occurred in Hospital or Institution give its Name instead of Street and No.)

Full Name Graham B Gosnell

{ Residence, if in Baltimore, Give Street and Number. } 2441 E Federal

Duration of Residence in Baltimore. Life C11922

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Jan 10 1894

AGE 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Alfred H Gosnell

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Catherine McMurray

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Gosnell

(Address) 2441 E Federal

Filed 5/5 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4

I HEREBY CERTIFY, That I attended deceased from Nov. 1907 to May 4 1908

that I last saw him alive on May 4 1908

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthma

DURATION 90

Contributory (Primary.) Anemia

2 years (DURATION)

(Signed) John J. Kuhn

Address 428 Gorsuch Ave

Date May 4 1908

Place of Burial Mt. Olivet Cem.

Date May 6 1908

Undertaker H. Allen Faulkner

Address 613 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C11923 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 Holbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank S. Mauchen

{ Residence, if in Baltimore, Give Street and Number. } 1414 Holbrook St.

Duration of Residence in Baltimore. 38 years

C11923

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frank S. Mauchen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Theresa Mauchen

(Address) 1414 Holbrook St.

Filed 5/5 1908 HARRY J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4, 1908

I HEREBY CERTIFY, That I attended deceased from April 17, 1908 to May 4 1908

that I last saw h[illegible] alive on May 3 1908,

and that death occurred, on the date stated above, at 9 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sclerosis and Exhaustion

(DURATION) DAYS

Contributory (Primary.) Labor

Pneumonia (DURATION) 18 DAYS

(Signed) E. K. Hayward M.D.

Address 1230 N Carlton St

Date May 4 1908

Place of Burial Holy Redeemer Cemetery

Date May 7 1908

Undertaker Henry Hooke Sons

Address 130[illegible] E. Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11924 Registered No. B 175

CERTIFICATE OF DEATH.

(Place of Death.) No. 2009 Pleasant alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Stetter

{Residence, if in Baltimore, Give Street and Number.} 2009 Pleasant Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 7th 1904

AGE: 3 years, 8 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: George F. Stetter

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Annie Keimig

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George F. Stetter

(Address) 2009 Pleasant Alley

Filed 5/5 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1908

I HEREBY CERTIFY, That I attended deceased from June 26th 1908 to May 4th 1908 that I last saw him alive on May 4th 1908, and that death occurred, on the date stated above, at 10.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

(Eating Ice cream, Peanuts and Clams - A.D.T.)

(DURATION) DAYS

Contributory (Primary.) Ptomaine Poisoning

(DURATION) 8 DAYS

(Signed) C. N. Athey M.D.

Address 2 Hudson st Ext

Date May 8th 1908

Place of Burial Schwartz's Cemetery

Date May 7th 1908

Undertaker Germanus Trance

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C11925 Registered No. B C11925

CERTIFICATE OF DEATH. 12

(Place of Death.) No. 1914 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Bradley.

{Residence, if in Baltimore, Give Street and Number.} 1914 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 16 1844

AGE 63 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Hoofnagle

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sarah A Lane

BIRTHPLACE OF MOTHER (State or country) Talbot Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George J Hoofnagle (brother)

(Address) 1914 Hanover St

Filed 5/15 1905

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3 1905

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 11.25 A. M. CAUSE OF DEATH (Secondary or Immediate

Brights Disease
& Dropsy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ste M Reinhardt M.D.

Address Coroner

Date May 3 1905

Place of Burial Odd Fellows

Date May 6 1905

Undertaker Jos. Stonebraker

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name David Lewis

{ Residence, if in Baltimore, Give Street and Number. } 1022 Eastern Ave

Duration of Residence in Baltimore.

C 11926

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1860

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Davis

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/5 1908. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to May 4 1908 that I last saw him alive on May 4 1908, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 4 1908

Place of Burial Bonnie Brae Cem.

Date May 7th 1908

Undertaker John A. Inman

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C11527

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1733 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles V. Dorsette

{Residence, if in Baltimore, Give Street and Number.} 1733 Bank St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH Oct. 12th 1873

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Lorenzo Dorsette

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary R. Hanly

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dorsette

(Address) 1733 Bank St.

Filed 5/5 1908

HARRY C. ANDRUS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5, 1908

I HEREBY CERTIFY, That I attended deceased from April 27th 1908 to May 5, 1908

that I last saw him alive on May 5, 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 7 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) W. H. Hatch, M.D.

Address 111 E. Broadway

Date April 5th, 1908

Place of Burial Bonnie Brae Cem.

Date May 6th 1908

Undertaker Jno A. Inman

Address Bank & Annts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 14 Registered No. B 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Druid Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Ethel & William Lumbry

{Residence, if in Baltimore, Give Street and Number.} 1619 Druid Hill Ave

Duration of Residence in Baltimore. Life

C 11928

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH May 3d 1908

AGE ..... years, ... months, 1 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William Lumbry

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Ethel Brown

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bradley

(Address) 1107 Druid Hill Ave

Filed 5/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 4 1908

that I last saw h~~er~~ alive on May 4 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion due to premature birth

—

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edmund J. Mealey M.D.

Address 1220 Druid Hill Ave

Date May 5 1908

Place of Burial Mt Auburn Cemetery

Date May 6 1908

Undertaker J. A. Bradley

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11929 Registered No. B

CERTIFICATE OF DEATH. 94

(Place of Death.) No. 677 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Welsh

{Residence, if in Baltimore, Give Street and Number.} 677 Vine

Duration of Residence in Baltimore. Life

C 11929

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: May 7 1908

AGE: 60 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1117 Dolphin

Filed 5/5 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4th 1908

I HEREBY CERTIFY, That I attended deceased from April 23 1908 to May 7 1908

that I last saw her alive on May 3 1908

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pleurisy

(DURATION) 11 DAYS

Con'ributory (Primary.) Bronchitis

6 months (DURATION) DAYS

(Signed) V. Kenn Williams M.D.

Address 601 N. Carrollton Ave

Date May 4th 1908

Place of Burial Mt Auburn Cemetery

Date May 6th 1908

Undertaker J. A. Bishop

Address 1117 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

50

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C11530

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 921 Harlem ave ~~St.~~ Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Alexander Courtney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 6th 1836 (Month) (Day) (Year)

AGE: 72 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Alex Courtney

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Marguette Lowe

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Steamboat captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. H. Poole

(Address) 921 Edmondson ave

Filed 5/5 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3rd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 9th 1908 to May 2 1908 that I last saw him alive on " 2nd 1908, and that death occurred, on the date stated above, at 5.45 A. M. The CAUSE OF DEATH was as follows:

~~Diabetes Melitus~~
Exhaustion due to
Diabetes Melitus
about 3 months (DURATION) — DAYS

Contributory —

(DURATION) DAYS

(Signed) John F. Mangue M. D.

May 5th 1908 (Address) 1062 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greer Cathedral — DATE OF BURIAL: 5-6 1908

UNDERTAKER: G. F. Walker — ADDRESS: 723 N. Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 Registered No. B

123

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Fried

{ Residence, if in Baltimore, Give Street and Number. } City Hospital

Duration of Residence in Baltimore. L. C 11931

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER \

BIRTHPLACE OF FATHER (State or country) \

MAIDEN NAME OF MOTHER \

BIRTHPLACE OF MOTHER (State or country) \

OCCUPATION OF DECEASED none -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Fried

(Address) 2406 Dundalk Ave

Filed 5/6" 1908 HARRY C. ARMAS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from April 7th 1908 to May 5th 1908 that I last saw h[e] alive on May 5th 1908, and that death occurred, on the date stated above, at 8 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis -

(DURATION) 10 DAYS

Contributory (Primary.) Sepsis

Exhaustion (DURATION) 4 DAYS

(Signed) W W Kerr M.D.

Address Balto City Hospitals

Date May 5th 1908

Place of Burial Hebrew Friendship

Date May 7th 1908

Undertaker Hart Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., Baltimore.

Removed to 923 Madison Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

97

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Margaret Flynn

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum

Duration of Residence in Baltimore. 1 month

C11932

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Aug 14th 1906

AGE 1 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Harrisburg Pa

FULL NAME OF FATHER John Flynn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Kane

BIRTHPLACE OF MOTHER (State or country) Harrisburg Pa

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Flynn

(Address) Harrisburg Pa

Filed 5/6" 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1908

I HEREBY CERTIFY, That I attended deceased from May 2d 190 to 5 190 8

that I last saw her alive on May 5 190 8

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Harlow M.D.

Address 1002 W Lafayette

Date May 5 1908

Place of Burial Harrisburg Pa

Date May 6th "

Undertaker H Fahey & Sons

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C11933 Registered No. B C11933

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 Belair Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Shipley

{ Residence, if in Baltimore, Give Street and Number. } 206 Belair Ave

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH abt 1872

AGE 36 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Andrew Mehrer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER K. Karin

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Shipley

(Address) 206 Belair Ave

Filed 5/6" 1908 HARRY C. ARDREY Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1908

I HEREBY CERTIFY, That I attended deceased from

\ 190 to \ 190

that I last saw h \ alive on \ 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Joseph Carruthers M.D.

Address Corner Md Ave

Date May 5 1908

Place of Burial St Anthonys Belair Road

Date May 6 1908

Undertaker Robt. J. Turner

Address 1442 N. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C11534 Registered No. B

CERTIFICATE OF DEATH. 151

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Baby Sakanski

{ Residence, if in Baltimore, Give Street and Number. } 1116 Low st.

Duration of Residence in Baltimore. 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 3 - 1908

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Abraham Sakanski

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Sakanski

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Sakanski

(Address) 1116 Low st

Filed 5/6 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 4 1908 that I last saw h[illegible] alive on May 4 1908, and that death occurred, on the date stated above, at 7 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Condenital Debility

(DURATION) DAYS

Contributory (Primary) Premature Birth

8 hrs - (DURATION) DAYS

(Signed) W. D. Powell M.D.

Address Johns Hopkins Hosp.

Date May - 6 - 1908

Place of Burial Hebrew Rozedale Cemetery

Date May 6, 1908

Undertaker Mark Lynnen

Address 162 McElderry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C11935 — Registered No. B C11935

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 136 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Barnes

{Residence, if in Baltimore, Give Street and Number.} 136 Chestnut St

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son Allen H Barnes

(Address) 136 Chestnut St

Filed 5/6 1908

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3d 1908

I HEREBY CERTIFY, That I attended deceased from May 3d 1908 to May 3d 1908

that I last saw h[illegible] alive on [illegible] 1908,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma + Hemiplegia

Paralysis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) W. H. Kinsey M.D.

Address 1220 E. Fayette St

Date May 4th 1908

Place of Burial Mt Zion

Date May 6 1908

Undertaker R. F. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... CH936 Registered No. B CH936

CERTIFICATE OF DEATH. 9r

(Place of Death.) No. 729 Brady St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur F. Robbins

{Residence, if in Baltimore, Give Street and Number.} 729 Brady St —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH June 17 1907

AGE ..... years, 10 mont's, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER James a Robbins

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Annie Martin

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James a Robbins

(Address) 729 Brady St —

Filed 5/6 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1908

I HEREBY CERTIFY, That I attended deceased from April 26 1908 to May 4 1908 that I last saw h.m alive on May 4 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or immediate)

Bronchio-Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Clifford M.D.

Address 901 Myrtle Ave

Date May 4 1908

Place of Burial Laurel Cem

Date May 6th 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 01937 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 N. High St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Solomon Eisenberg

{Residence, if in Baltimore, Give Street and Number.} 315 N. High St

Duration of Residence in Baltimore. 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 1841

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jacob Eisenberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Peddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Leonard

(Address) 315 N. High St.

Filed 5/6 1908 HARRY O'[illegible] Registrar
[illegible] CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 30 1908 to May 5th 1908 that I last saw h[illegible] alive on May 5th 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia due to

Senile Pneumonia

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. M. Savage M.D.

Address 1121 E. Baltimore St.

Date May 5th 1908

Place of Burial Loudon Parkdale Cemetery

Date May 6 1908

Undertaker Max Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 108

CERTIFICATE OF DEATH.

(Place of Death.) No. 33 E North Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie W Seckle

{ Residence, if in Baltimore, Give Street and Number. } 33 E North Av

Duration of Residence in Baltimore. Life C 11938

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Jan. 21st. 1838

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore City.

FULL NAME OF FATHER St. George W. Seckle.

BIRTHPLACE OF FATHER (State or country) Accomac Co. Va.

MAIDEN NAME OF MOTHER Catherine Hays.

BIRTHPLACE OF MOTHER (State or country) Baltimore City.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna L. Abell.

(Address) "Guilford".

Filed 8/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4. 1908

I HEREBY CERTIFY, That I attended deceased from April 30" 190 8 to May 4 190 8 that I last saw h er alive on May 4 190 8, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Obstruction of the bowels

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. E. Whitehead M.D.

Address 16 W Preston

Date May 5" 190 8

Place of Burial Greenmount

Date May 6th 1908 190

Undertaker Wm Jenkins Son & Co

Address 220 N Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11939 Registered No. B C11939

116

CERTIFICATE OF DEATH.

(Place of Death.) No. 1735 Linden Avenue St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Kettlewell Ober

{ Residence, if in Baltimore, Give Street and Number. } 1735 Linden Ave

Duration of Residence in Baltimore. Sixty (60) years or more

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 3rd 1842
AGE	65 years, 11 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Maryland
FULL NAME OF FATHER	Gustavus Ober
BIRTHPLACE OF FATHER (State or country)	Montgomery Co Md
MAIDEN NAME OF MOTHER	Rebecca Kettlewell
BIRTHPLACE OF MOTHER (State or country)	Pittsburg? Penn
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustavus Ober Jr

(Address) 1217 North Charles St.

Filed 5/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1908

I HEREBY CERTIFY, That I attended deceased from March 17th 1908 to May 4th 1908 that I last saw him alive on May 4th 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

(Asthenia) Peritonitis

(DURATION) 48 DAYS

Contributory (Primary.) abdominal fistula (DURATION) DAYS

(Signed) Robert Hoffmann M.D.

Address 1325 Park ave

Date May 5th 1908

Place of Burial Greenmount

Date May 6th 1908

Undertaker Henry Jenkins & Son Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C11940

CERTIFICATE OF DEATH.

(Place of Death.) No. 828 Tyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Banks

{ Residence, if in Baltimore, Give Street and Number. } 828 Tyson

Duration of Residence in Baltimore. C11940

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Albert Banks

(Address) 828 Tyson St

Filed 5/6 1908

HARRY G. ANDR[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to May 4th 1908

that I last saw her alive on May 2d 1908,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

Not Known (DURATION) ..... DAYS

Contributory (Primary.) Syphilis

(DURATION) ..... DAYS

(Signed) Samuel A. Bain M.D.

Address 629 W Biddle

Date April 6th 1908

Place of Burial Laurel

Date May 6th 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C11941 Registered No. B

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 N. Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah James

{ Residence, if in Baltimore, Give Street and Number. } 214 N. Central Ave.

Duration of Residence in Baltimore.

C 11941

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Maryland

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. James

(Address) 2145 N. Broadway

Filed 5/6 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3d 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 27 1908 to May 3d 1908 that I last saw her alive on May 3d 1908, and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

Heart failure (DURATION) DAYS

(Signed) Howard C. Silver M.D.

Address 1914 Bolton St.

Date May 3d 1908

Place of Burial Mt Auburn.

Date May 7 1908

Undertaker R. F. Ellicott

Address 506 Rozens Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

79

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Bowser

{ Residence, if in Baltimore, Give Street and Number. } 420 E. Pratt Street

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... May 2" 1908

I HEREBY CERTIFY, That I attended deceased from April 24 1908 to May 2 1908 that I last saw him alive on May 2 1908, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute endocarditis (mitral insufficiency) & cerebral embolism

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hospital

Date ..... 190...

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 5- 1908 190...

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9

Ward 17 Registered No. B C11943

CERTIFICATE OF DEATH.

9 2

(Place of Death.) No. Md. Homeopathic Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Jackson Walton.

{Residence, if in Baltimore, Give Street and Number.} 1122 N. Mount St.

Duration of Residence in Baltimore 8 days.

C11943

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: April 26 1908

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: E M. Walton

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: M.E. Parker.

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M.E. Parker

(Address) 1122 N. Mount St.

Filed 5/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 4. 1908

I HEREBY CERTIFY, That I attended deceased from April 26 1908 to May 4 1908 that I last saw h[illegible] alive on May 4 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 hrs

Contributory (Primary.) Capillary Bronchitis

(DURATION) 2 DAYS

(Signed) Geo R. Jones M.D.

Address 1122 N. Mount St

Date May 2 1908

Place of Burial PUBLIC CEMETERY

Date MAY 5- 1908 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

91

Ward 7 Registered No. B C11944

17v

CERTIFICATE OF DEATH.

(Place of Death.) No. Floating at Federal Hill, Pier St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Baum

{ Residence, if in Baltimore, Give Street and Number. } 1134 Block St.

Duration of Residence in Baltimore. 30 yrs C11944

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dont know
AGE	64 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Chestertown Md
FULL NAME OF FATHER	Dont know
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred V. Jester

(Address) Betterton Kent Co Md

Filed 5/6 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Floating April 28 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190,

and that death occurred, on the date stated above, at ———

I. CAUSE OF DEATH (Secondary or Immediate)

(Verdict of Coroners Jury)

Drowning - following injuries produced after death by propeller of a boat - Throat cut skull crushed, ribs, breast bone, & spine & jaw broken (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C. M. Reinhardt M.D.

Coroner

Address

Date may 4, 1908

Place of Burial PUBLIC CEMETERY.

Date MAY 5 - 1908 190

Undertaker Commissioner Health.

Per Wm. E. WOODALL.

Address

MARYLAND PUB. CO., BALTIMORE

City to bury. Body at morgue Ord

48

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C11945 Registered No. B C11945

CERTIFICATE OF DEATH. 17?

(Place of Death.) No Town floating in dock Foot of Bay and St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Not known.

{Residence, if in Baltimore, Give Street and Number.} Not known

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dont know 1
AGE	about 35 years. — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Not known.
BIRTHPLACE (State or country)	" "
FULL NAME OF FATHER	" "
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	" "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Comm Otto M Reinhardt

(Address) Southern District

Filed 5/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found floating April 27 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to 1908

that I last saw h~~im~~ alive on ~~1908~~

and that death occurred, on the date stated above, at —M.

CAUSE OF DEATH (Secondary or Immediate)

Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date May 4 1908

Place of Burial PUBLIC CEMETERY.

Date MAY 5- 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL.

City to bury. Body at morgue mark grave CR

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

87

Ward 16 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 138 W Cross St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Theresa M Abendschoen

{Residence, if in Baltimore, Give Street and Number.} 138 W. Cross Stut

Duration of Residence in Baltimore. 61 years. C 11946

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 27th 1831

AGE 77 years, months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ——

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (son)

(Informant) George Abendschoen

(Address) 140 W Cross St

Filed 5/6 1908 HARRY O. ANDERSON Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 28 1908 to May 4th 1908 that I last saw h Er alive on May 4th 1908 and that death occurred, on the date stated above, at 12 5 a M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Paresis

(DURATION) One DAYS

Con'tributory (Primary.) Grippe.

(DURATION) 7 DAYS

(Signed) C E Jump M.D.

Address 1415 Madison Ave

Date May 5th 1908

Place of Burial Cathedral Cemetery

Date May 8 th 1908

Undertaker E J Hasle

Address 115 E Mead St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

WM. J. C. DULANY CO., BALTIMORE.

Ward 10

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 923 Milton Place St. 176

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fulse

{Residence, if in Baltimore, Give Street and Number.} 923 Milton Place

Duration of Residence in Baltimore. life

C 11947

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH

AGE 1 Year 1 month days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ballo

FULL NAME OF FATHER Edmund P. Fulse

BIRTHPLACE OF FATHER (State or country) Ballo

MAIDEN NAME OF MOTHER Agnes Kelly

BIRTHPLACE OF MOTHER (State or country) Ballo

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund P. Fulse

Address 923 Milton Pl.

Died 5/6 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from May 5th 1908 to May 5th 1908

that I last saw h[illegible] alive on May 5th 1908

and that death occurred, on the date stated above, at 5 P. M.

CAUSE OF DEATH (Secondary or Immediate) Childbirth Prolonged labor

Contributory (Primary) Pelvis (DURATION) Contracted DAYS

(DURATION) DAYS

(Signed) Jno T. McCarthy M.D.

Address 656 W Franklin St

Date May 6th 1908

Place of Burial St Peters

Date May 6 1908

Undertaker John Howard

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C11948

C11948

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 1826 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E. Linton

{ Residence, if in Baltimore, Give Street and Number. } 1826 Hanover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: June 10 1849

AGE: 58 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Francis M. Doephin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Conn

(Address) 1826 Hanover St.

Filed 5/6 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3" 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to May 3 1908 that I last saw h[illegible] alive on May 3 1908, and that death occurred, on the date stated above, at 3-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary) Malignant Neoplasm (DURATION) indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date May 4" 1908

Place of Burial National Cemetery

Date May 6th 1908

Undertaker Daniel and Margaret G. Flynn

Address 42 East West Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C11943

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 30 Albemarle St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Anna Zaccari

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Lifetime C11949

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 21 April 1904

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Francesco Zaccari

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosaria DiStefano

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francesco Zaccari.

(Address) 30 S. Albemarle St.

Filed 5/6 1908 HARRY C. ADDEMAN, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 May 1908

I HEREBY CERTIFY, That I attended deceased from 3 May 1908 to 5 May 1908 that I last saw h— alive on 5 May 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Joseph Barranco M.D.

Address 204 N. Greene Ave

Date 6 May 1908

Place of Burial St. Vincents

Date May 6th 1908

Undertaker Charles G. Zile

Address 224 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C11950

City of Baltimore, (No. 15, N. Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Waters Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1 ... (Month) (Day) Year)

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Moore Johnson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Harriett Ann Waters

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Wheeler Pr H&P

(Address) 15 N Broadway

Filed 5/6th 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to May 1908

that I last saw him alive on May 3 1908,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Mitral Insufficiency & Myocarditis.

over 4 yrs (DURATION) ... DAYS

Contributory Nephritis

(DURATION) ... DAYS

(Signed) Harry Adler M. D.

May 4th 1908 (Address) 850 E Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Greenmount Cemetery

DATE OF BURIAL May 7th 1908

UNDERTAKER H. C. Hughes

ADDRESS 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

112

(Place of Death.) No. No. 6. S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Schaefer

{ Residence, if in Baltimore, Give Street and Number. } No. 6. S. Ann st.

Duration of Residence in Baltimore. Life

C 11951

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Catharine Ritter

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Anne E Schaeffer

(Address) 6 S Ann St

Filed 5/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 10 1908 to May 4 1908 that I last saw him alive on May 1 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia, angina pectoris

(DURATION) 1 hours

Contributory (Primary) Cirhosis Liver ascites - arteriosclerosis (DURATION) 116 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date May 5 1908

Place of Burial Mt Auburn Cemetery

Date May 7th 1908

Undertaker H. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C11952 Registered No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Vniversity Hospitae St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Denys Fanning

{Residence, if in Baltimore, Give Street and Number.} 1938 E Lafayette ave

Duration of Residence in Baltimore. Lifetime

C11952

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 1854

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Fanning

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E I Fanning

(Address) 1938 E Lafayette ave

Filed 5/6 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1908

I HEREBY CERTIFY, That I attended deceased from an Entire 190 to 190

that I last saw him alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

Apoplexy

(DURATION) 7h (DAY)

Contributory (Primary)

(DURATION) (DAY)

(Signed) R Martin M.D.

Address Corner

Date May - 1908

Place of Burial Cathedral

Date May 7 1908

Undertaker E. I Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1813 E Madison — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos Vernon Button

{ Residence, if in Baltimore, Give Street and Number. } 1813 E. Madison St

Duration of Residence in Baltimore. 2 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 9 1905

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: William Gilbert Button

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Louisa Staile

BIRTHPLACE OF MOTHER (State or country): Everett, Penna.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Button

(Address) 1813 E. Madison St.

Filed 5/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to May 5th 1908

that I last saw him alive on Apr 15 1908,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate

Inanition.

Baby was born prematurely at 8 mos. Has never been strong DAYS

Contributory (Primary) .....

..... (DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 1218 St Paul

Date May 5 1908

Place of Burial Mount Carmel

Date May 6th 1908

Undertaker Wm. J. Schaeffer & Son

Address #88. Front St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 431 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Felix McKeown

{ Residence, if in Baltimore, Give Street and Number. } 431 N. Exeter St

Duration of Residence in Baltimore. 28

C11954

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: ....1....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James McKeown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret McCarthy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Paver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McKeown

(Address) 431 N. Exeter st.

Filed 5/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5 1908

I HEREBY CERTIFY, That I attended deceased from May 4, 1908 to May 5 1908 that I last saw him alive on May 5 1908, and that death occurred, on the date stated above, at 8.55 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 1 DAYS

Contributory (Primary) Syphilis

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline St

Date May 5 1908

Place of Burial St Vincents

Date May 7 1908

Undertaker H. C. Friedfeld

Address 914 Greenmount Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Randolph R. Causey

{Residence, if in Baltimore, Give Street and Number.} 15 years C11955

Duration of Residence in Baltimore. 527 East 29th St

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Dec 8th 1870

AGE 37 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Uriah F Causey

BIRTHPLACE OF FATHER (State or country) Baltimore Co Md

MAIDEN NAME OF MOTHER Angelina Rawlings

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Fireman (city)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter U. Causey

(Address) Govanstown, Md

Filed 6/6 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to May 5th 1908 that I last saw him alive on May 4 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (hypostatic)

(DURATION) 16 DAYS

Contributory (Primary.) Fracture left Femur

(DURATION) 23 DAYS

(Signed) A. J. Underhill M.D.

Address 1822 N Charles

Date May 5th 1908

Place of Burial Baltimore Cem-

Date May 7th 1908

Undertaker Geo J Smith & Co

Address 1600 W. Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C11956 Registered No. B C11956

CERTIFICATE OF DEATH.

(Place of Death.) No. 2301 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Andrews

{Residence, if in Baltimore, Give Street and Number.} 2301 E. Preston St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 24th 1880

AGE 27 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Benj: F. Booth

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Booth

(Address) 2301 E. Preston

Filed 5/6 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4th 1908

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to May 4 1908 that I last saw her alive on May 3rd 1908 and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 10 DAYS

Contributory (Primary) Intersticial Nephritis Chronic (DURATION) 10 Yrs

(Signed) James Bosley M.D.

Address 701 Holliday

Date May 6 1908

Place of Burial Balto Elm.

Date 5/7/08 1908

Undertaker J. Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C11957

Registered No. B.....

City of Baltimore, (No. 2004 St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose May Kuhn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) 30 (Day) 1906 (Year)

AGE: 1 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Casper Kuhn

BIRTHPLACE OF FATHER (State or country): Md. Airy

MAIDEN NAME OF MOTHER: Viola E. Schneider

BIRTHPLACE OF MOTHER (State or country): Md Airy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Casper Kuhn Father

(Address) 2004 Oakley st

Filed 5/6 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 2nd 1908 to May 5th 1908

that I last saw her alive on May 4 1908,

and that death occurred, on the date stated above, at 8.30 a.m. The CAUSE OF DEATH was as follows:

Indigestion

Has not been well for long time

.....(DURATION).....DAYS

Contributory Convulsions

.....(DURATION).....DAYS

(Signed) Geneva S. Evans M. D.

May 5 1908 (Address) 833 N Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Airy Md.

DATE OF BURIAL: May 7 1908

UNDERTAKER: E Schlosnagle Son

ADDRESS: 1039 Hanover

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C11958 Registered No. B

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 239 Wayne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephany Hacke

{ Residence, if in Baltimore, Give Street and Number. } 239 Wayne St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Don't know

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Jack Hacke

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Hacke brother

(Address) 13 Williamson St

Filed 5/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

Acute Indigestion (DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date ... 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 6 - 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

Duty to bury

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9

Ward 4 C11959 Registered No. B [illegible]

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 646 Vine St St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mary Gardner

{Residence, if in Baltimore, Give Street and Number.} 646 Vine St

Duration of Residence in Baltimore. Life

C 11959

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH ....1....

AGE ....years, 2 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/6 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

.....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick H Martin M.D.
Coroner

Address .....

Date May 5 1908

Place of Burial JOHNS HOPKINS HOSPITAL MAY 6- 1908

Date 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9

Registered No. B C1960

93

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther Jones

{Residence, if in Baltimore, Give Street and Number.} 202 N. Ann Street

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/6 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4 1908

I HEREBY CERTIFY, That I attended deceased from May 4. 8 15 pm 1908 to May 4" 9 00 pm 1908 that I last saw her alive on May 4 1908, and that death occurred, on the date stated above, at 8 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) P. H. Mclaughlin M.D.

Address Johns Hopkins Hospital

Date May 5 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 6 - 1908 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91

Ward ..... Registered No. B .....

64

CERTIFICATE OF DEATH.

(Place of Death) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin Reichbold

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

C 11961

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Sept. 14th 1836

AGE: 71 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Reichbold

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Barbara Kühnmeyer

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Sr. Dorothy Mary

(Address) Preston & Wolfe sts

Filed 5/6 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on May 5 1908,

and that death occurred, on the date stated above, at 4.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy.

1 month (DURATION) DAYS

Contributory (Primary.)

Coma (DURATION) DAYS

(Signed) F. A. C. Varner M.D.

Address 1133 Valley st

Date May 6 1908

Place of Burial Holy Cross Cem

Date May 9th 1908

Undertaker Henry C. Windfield

Address 414 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from ***eighteen hours before death***, to the Undertaker, or other person superintending the burial, a certificate notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fillmore Johnson

{Residence, if in Baltimore, Give Street and Number.} 1845 Dolphin Street

Duration of Residence in Baltimore. Life C 11962

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 20 years, ... mont's, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fillmore Johnson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Martha Courtney

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Snyder

(Address) Md Penitentiary

Filed 5/6 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to May 6 1908

that I last saw h.. alive on May 5 1908,

and that death occurred, on the date stated above, at 8.55 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

1 yr. (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thurdus Bowers Jr. M.D.

Address 1808 N. Broadway

Date May 6 1908

Place of Burial Sacred Heart

Date May 7" 1908

Undertaker Chas F. Evans

Address 1184 to 90 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C11963 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1914 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Janowiak

{Residence, if in Baltimore, Give Street and Number.} 2108 Canton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH April 20th 1908

AGE 1 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George Janowiak

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Theresa Bordki

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Janowiak

(Address) 2108 Canton ave

Filed 5/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th 1908

I HEREBY CERTIFY, That I attended deceased from May 5th 1908 to May 6th 1908 that I last saw h alive on May 5th 1908, and that death occurred, on the date stated above, at 10.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 5 DAYS

Con'ributory (Primary) Pneumonia

(DURATION) - DAYS

(Signed) Jacob L. Danner M.D.

Address 1735 Bank st

Date May 6th 1908

Place of Burial St Stanislaus -

Date Thursday May 7th 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. D .....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Finley

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

C 11964

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing

BIRTHPLACE (State or country): S.C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday.

(Address) ..... Supt. BAY VIEW ASYLUM.

Filed 5/6 1908. HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6 1908

I HEREBY CERTIFY, That I attended deceased from April 21 1908 to May 6 1908 that I last saw him alive on May 6 1908, and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 6th 1908

Place of Burial Cathedral Cemetery

Date May. 7th 1908

Undertaker Felix B. Pye

Address 102 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C11965 Registered No. B

CERTIFICATE OF DEATH. 42

(Place of Death.) No. 1505 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Steble

{Residence, if in Baltimore, Give Street and Number.} 1505 N. Carey St.

Duration of Residence in Baltimore. 52 Years. C11965

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 5th 1838

AGE: 69 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Bowers

(Address) 735 W. Pratt St.

Filed 5/7 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from May 4th 1908 to May 5th 1908

that I last saw her alive on May 4th 1908

and that death occurred, on the date stated above, at 4. A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

Is said to have been ill for more than one year (DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. W. Nabers M.D.

Address 723 W. Lombard St.

Date May 5th 1908

Place of Burial Baltimore Cemetery

Date May 7th 1908

Undertaker Jr & Bro John H. Deufel

Address 201 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C11366 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1829 W ~~Lombard~~ Pratt St. 79

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary A. Thomas

{Residence, if in Baltimore, Give Street and Number.} 1829 W. Pratt st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Sept. 1st 1870

AGE: 38 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Donohue

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaut Dunn

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Thomas

(Address) 1829 W. Pratt St.

Filed 5/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 W. La Fayette. Coroner

Date May 8. 1908

Place of Burial New Cathedral Cem

Date May 8th 1908

Undertaker Funk Bros & Wm H Deufel

Address 801 N. Fayette St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C11967

City of Baltimore, (No. 729 N. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Hartigan.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: Nov 9 1859 (Month) (Day) (Year)

AGE: 49 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Michael Dooley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Koin

BIRTHPLACE OF MOTHER (State or country): Orleans

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Hartigan

(Address) 729 E Eutaw St

Filed 5/7 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from August 17 1907 to May 5 1908 that I last saw h er alive on May 5 1908, and that death occurred, on the date stated above, at 4 30 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial nephritis

Some years. (DURATION) DAYS

Contributory Uraemia - died in convulsion (DURATION) 3 DAYS

(Signed) E. L. Whitney M. D.

May 6 1908 (Address) 1103 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Vincents — DATE OF BURIAL: May 8 1908

UNDERTAKER: J Conners — ADDRESS: 1607 Madison Ave

Ward V

C11568 Registered No. B C11568

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 405 St. Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E Raffle

{ Residence, if in Baltimore, Give Street and Number. } 435 St. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 29th 1849

AGE: 59 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H. Meads

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E. Hughes

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Meads

(Address) 430 N. Broadway

Filed 5/7 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 5 1908 190

I HEREBY CERTIFY, That I attended deceased from May 5th 1908 to May 5th 1908 that I last saw her alive on May 5th 1908, and that death occurred, on the date stated above, at 11 05 P. M. CAUSE OF DEATH (Secondary or Immediate

Organic Heart disease

(DURATION) 1 DAYS

Contributory (Primary.) Hemorrhoids

(DURATION) 30 DAYS

(Signed) Elijah J. Russell M.D.

Address 428 N Broadway

Date MAY 6 1908 190

Place of Burial Lorraine Park

Date MAY 8 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1608 Aliceanna St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Adele S Briggs

{Residence, if in Baltimore, Give Street and Number.} 1608 Aliceanna st

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John F. Houston

BIRTHPLACE OF FATHER (State or country) Maine

MAIDEN NAME OF MOTHER Susanna Bauser

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Isabell Cox

(Address 1608 Aliceanna St

Filed 5/7 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1st 1908 to May 5th 1908 that I last saw her alive on May 1st 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 3 DAYS

Con'tributory (Primary.) Same

(DURATION) DAYS

(Signed) Jacob L. Dorsey M.D.

Address 1735 Bank

Date May 6 1908

Place of Burial Laurel Cemetery

Date 8 May 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C11970 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 19 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin Patterson

{ Residence, if in Baltimore, Give Street and Number. } 19 S. Dallas St.

Duration of Residence in Baltimore. Life C11970

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 33 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Benjamin Patterson

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Eliza Brint

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Patterson

(Address) 19 S Dallas st

Filed 5/7 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 27th 1908 to May 5th 1908

that I last saw him alive on Apr. 27th 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T. B.

3 or 4 mos (DURATION) ..... DAYS

Contributory (Primary) Ephemeritis

(DURATION) 6 DAYS

(Signed) G. F. Ries M.D.

Address 213 S. Bond St

Date May 5th 1908

Place of Burial Laural Cemetary

Date May 7 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C11971

CERTIFICATE OF DEATH.

C11971

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Peyton

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/7 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 23 1908 to May 6 1908 that I last saw h alive on May 5 1908, and that death occurred, on the date stated above, at 3.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) Endo-carditis

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 6th. 1908

Place of Burial .....

Date MAY 6 - 1908 190 ....

Undertaker E F Kelly

Address 303 Carrollton ave

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

92

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

1618 S. Charles St

City of Baltimore, (No. 1816 N. Charles St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B C11972

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Gueyth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 1st 1840 (Month) (Day) (Year)

AGE: 68 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Mont Royal

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sewell

(Address) 1618 S. Charles St

Filed 5/7 1908

HARRY O. ANDREWS, M. D.
PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apl 20 1908 to May 4 1908 that I last saw h[illegible] alive on May 4 1908, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) DAYS

Contributory Arteriosclerosis

(DURATION) DAYS

(Signed) Joseph Blum M. D.

May 5 1908 (Address) 1816 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: May 7 1908

UNDERTAKER: Jos. Stuntebeck — ADDRESS: 1318 Light St.

Ward ..... 011973 Registered No. B 011973

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 401. Waverly Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James. Robinson

{ Residence, if in Baltimore, Give Street and Number. } 401 Waverly Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 11 1852

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Rezin A Robinson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Louisa Shea

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Burke

(Address) 172 S. Calhoun St

Filed 5/7 1908

HARRY C. HEDRICK, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6- 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 11 1908 to Mar - 12 1908 that I last saw him alive on Mar. 12 1908, and that death occurred, on the date stated above, at 2- a. m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809. Gramch. Ave

Date Balto. May 6 1908

Place of Burial New Cathedral

Date May 7 1908

Undertaker Robt Burkeen

Address 172 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

108

(Place of Death.) No. 18 Plymouth Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Albert Martin

{Residence, if in Baltimore, Give Street and Number.} 18 Plymouth Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 2 1908

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Chas. Martin

BIRTHPLACE OF FATHER (State or country): Balto. Co

MAIDEN NAME OF MOTHER: Annie Brice

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Martin

(Address) 18 Plymouth Ave

Filed 5/7 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6 1908

I HEREBY CERTIFY, That I attended deceased from May 6th 1908 to May 6 1908

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Probable intestinal obstruction child died 6 hrs. from time I arrived

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D W Lynch M.D.

Address 206 3rd Ave

Date May 6th 1908

Place of Burial Mt Olivet

Date May 7 1908

Undertaker Edward L. Marriott

Address 3337 Falls Road

Hillen Station Md

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

011975 Registered No. B 011975

CERTIFICATE OF DEATH.

13

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Rickrode

{Residence, if in Baltimore, Give Street and Number.} Hanover, Pa.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: 76 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Bair

(Address) Hanover Pa

Filed 5/7 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6, 1908

I HEREBY CERTIFY, That I attended deceased from April 30, 1908 to May 6, 1908 that I last saw h[illegible] alive on May 6, 1908, and that death occurred, on the date stated above, at 1:18 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) Peregrine Wroth, Jr., M.D.

Address Union Protestant Infirmary

Date May 6. 1908

Place of Burial Hanover Pa

Date May 7" 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C1976 Registered No. B .....

CERTIFICATE OF DEATH.

92

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Peter Kneisel

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 81 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 5/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6th 1905

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to May 6 1908, that I last saw him alive on May 6 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Arterio-sclerosis

..... (DURATION) ..... DAYS

(Signed) Robt. P. Kay M.D.

Address Bay View

Date May 6th 1905

Place of Burial Sacred Heart

Date May 7 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C11977 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1145 N. Calhoun St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Gross.

{ Residence, if in Baltimore, Give Street and Number. } 1145 N. Calhoun St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored.

DATE OF BIRTH Oct 22 - 1874

AGE 33 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co, Md

FULL NAME OF FATHER John Gross

BIRTHPLACE OF FATHER (State or country) Calvert Co.

MAIDEN NAME OF MOTHER Maria Sims

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gross

(Address) 1145 Calhoun St

Filed 5 7 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from May 2d 1908 to May 5th 1908

that I last saw h[illegible] alive on May 5 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis DURATION 60 DAYS

Contributory (Primary.) DURATION DAYS

(Signed) F. B. Link M.D.

Address 1313 N. North Ave

Date May 5th 1908

Place of Burial Laurel Cemetery

Date May 8th 1908

Undertaker Alex. McCauley

Address 578 W. Biddle Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C11978

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1306 Holbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Blondell Ritz

{Residence, if in Baltimore, Give Street and Number.} 1306 Holbrook st

Duration of Residence in Baltimore. Lifetime C11978

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 17th 1907

AGE ..... years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jacob. G. A. Ritz

BIRTHPLACE OF FATHER (State or country) Gery

MAIDEN NAME OF MOTHER Minnie Quantmeyer

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacot. G. A. Ritz

(Address) 1306 Holbrook st

Filed 5/7 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 - 1908

I HEREBY CERTIFY, That I attended deceased from May 5 - 1908 to May 6 - 1908 that I last saw h er alive on " " 1908 and that death occurred, on the date stated above, at 9 20 A M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) One DAYS

Contributory (Primary.)

Gastro-enteritis (DURATION) 3 DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carlin pl

Date May 6 - 1908

Place of Burial Balto Cem

Date May 7th 1908

Undertaker E. Schloman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C11979 Registered No. B

39

CERTIFICATE OF DEATH.

(Place of Death.) No. 1144 W Hamburg. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Zachmann Jr

{Residence, if in Baltimore, Give Street and Number.} 1144 W Hamburg St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —— 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Henry Zachman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Lentz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Carrie Wardell

(Address) 1144 W Hamburg St

Filed 5/7 1908

HARRY C. ARDEAWEG
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6" 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to May 6 1908 that I last saw him alive on May 6 1908 and that death occurred, on the date stated above, at 3.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of jaw (lip)

Time prior Sept 1907

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) O. H. Blough M.D.

Address Johns Hopkins Hospital

Date May 6 1908

Place of Burial Western Cemetery

Date May 7th — 1908

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C11980 Registered No. B 15 154

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Della Brown

{Residence, if in Baltimore, Give Street and Number.} 303 Poppleton St

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Feb 4 1848

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Abra C Brown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thos Beckrotte

(Address) 20 N Monroe St

Filed 5/7 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1908

I HEREBY CERTIFY, That I attended deceased from Oct 29 1908 to May 6 1908 that I last saw her alive on May 5 1908, and that death occurred, on the date stated above, at 4:35 a. m. CAUSE OF DEATH (Secondary or Immediate)

Respiratory and cardiac failure

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Arthur M. Hurley M.D.

Address University Hospital

Date 5/6 1908

Place of Burial London Park

Date May 8 1908

Undertaker Jas B Cook

Address 1003 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 41981

41981

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Montgomery Johnson.

{ Residence, if in Baltimore, Give Street and Number. } Charles & Hill Sts.

Duration of Residence in Baltimore. 70 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: May 10th 1864

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jerome Johnson

BIRTHPLACE OF FATHER (State or country): Anne Arundel Co. Md.

MAIDEN NAME OF MOTHER: Annie Malone

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co. Md.

OCCUPATION OF DECEASED: Miller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Johnson

(Address) 521 W. Cross St.

Filed 5/7 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to May 5th 1908

that I last saw h in alive on May 5th 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia.

(DURATION) — DAYS

Con'tributory (Primary) Syphilis

(DURATION) 2 DAYS

(Signed) W. N. Cohen M.D.

Address Balto City Hospital

Date May 6 1908

Place of Burial Balto. Cathedral

Date May 8. 1908

Undertaker John J. Cahey & Son

Address 1232 Hillsdale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 6 Registered No. B C11982

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1205 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Proctor

{Residence, if in Baltimore, Give Street and Number.} 1205 N. Wolfe St

Duration of Residence in Baltimore. 18 yrs. C11982

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Not known 1

AGE 28 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Montgomery Co Md

FULL NAME OF FATHER Daniel Proctor

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Fannie Walker

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Proctor

(Address) 1205 N. Wolfe

Filed 5/7 1908 HARRY O'S ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 / 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 6 / 1908 that I last saw him alive on May 5 1908, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Hypertrophy (DURATION) DAYS

Contributory (Primary) Sudden death 24 hrs after Pneumonia (DURATION) DAYS

(Signed) W. T. Rogers M.D.

Address 1904 E. Fayette St.

Date May 7 / 1908

Place of Burial Laurel Cemetery

Date May 8th 1908

Undertaker Chas G Bailey

Address 1424 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C11983

City of Baltimore, (No. 2014 Fairmount Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James B Dunigan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October (Month) 16 (Day) 1848 (Year)

AGE: 59 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Ship Joiner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia M. Dunigan

(Address) 2014 Fairmount Ave

Filed 5/7 1908

HARRY O'. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to May 6 1908 that I last saw h— alive on May 5 1908, and that death occurred, on the date stated above, at 8.20 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

1 yr (DURATION) DAYS

Contributory Pneumonia

— (DURATION) DAYS

(Signed) [illegible] M. D.

5/6 1908 (Address) 125 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetary

DATE OF BURIAL: May 9 1908

UNDERTAKER: L Ritz Jr 2336

ADDRESS: E Baltimore

Ward V

Registered No. B C11984

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 605 China St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer Johnson

{ Residence, if in Baltimore, Give Street and Number. } 605 China St

Duration of Residence in Baltimore. 2 yrs

C11984

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Aaron Johnson

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Belchaplain

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary B. Chaplain

(Address) 605 China St.

Filed 5/7 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1908

I HEREBY CERTIFY, That I attended deceased from Dec 22 1907 to May 6 1908

that I last saw him alive on May 4 1908

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ?1 DAYS

Contributory (Primary.) Marasmus

(DURATION) ?1 DAYS

(Signed) H S McCaul M.D.

Address 2005 Druid Hill Ave

Date May 7 1908

Place of Burial Mt. Zion Cem.

Date May 8 1908

Undertaker John W. Toadvine

Address 1420 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C11985 Registered No. B C11985

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 217 Guilford av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Doonan

{Residence, if in Baltimore, Give Street and Number.} 217 Guilford av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Michael Doonan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Katie Carey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Doonan

(Address) 217 Guilford av

Filed 5/7 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to May 6 1908 that I last saw her alive on May 5 1908, and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema

(DURATION) 1 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

goitre (DURATION) DAYS

(Signed) Bernard Wise M.D.

Address 825 E Chase St

Date May 6 1908

Place of Burial Cathedral Cemetery

Date May 7th 1908

Undertaker John F Coonan

Address 901 Hollins

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Dr Wise

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C11986

City of Baltimore, (No. 1015 W Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida M Shockells

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm B Shockells

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Anna L

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna L Shockells

(Address) 1015 W Saratoga

Filed 5/7 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to May 5 1908

that I last saw h alive on May 5 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tubercul osis

(DURATION) 540 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Ina L Fettinhoff M.D.

MAY 6 1908 (Address) A. L. FETTINHOFF, M. D. BALTIMORE, MD. U. S. A.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: 5/8 1908

UNDERTAKER: Wm J Schilling — ADDRESS: 915 Pabbleton

Ward ..... Registered No. B C11987

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 727 Lindsay Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Fernandis

{ Residence, if in Baltimore, Give Street and Number. } 727 Lindsay Ave.

Duration of Residence in Baltimore.

C11987

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto.

DATE OF BIRTH: Sept. 5th 1863.

AGE: 44 years, 8 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas Bradford

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Mary Cromwell.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Nurse.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Howard Iglehart M.D.

(Address) 539 N. Carrollton Ave

Filed 5/7/08

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5th 1908

I HEREBY CERTIFY, That I attended deceased from Febry 18th 1907 to May 5th 1908, that I last saw her alive on May 5th 1908, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage.

(DURATION) DAYS

Contributory (Primary.) Menorrhagia

(DURATION) 60 DAYS

(Signed) J. Howard Iglehart M.D.

Address 539 N. Carrollton Ave

Date May 5th 1908

Place of Burial Lorraine Cemetery

Date May 8 1908

Undertaker John A Burke

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C11988 C11988 92

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1805 Eagle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Moor Young

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Nov 4 1906 (Month) (Day) (Year)
AGE	..... years, 18 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Wm Young
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Homer Edith Shipley
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Burke

(Address) 170 Cathedral

Filed 5/11 1908 HENRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 6 1908 that I last saw h alive on May 6 1908, and that death occurred, on the date stated above, at 10.30 P. M. The CAUSE OF DEATH was as follows:

Toxaemia

(DURATION) 2 DAYS

Contributory Broncho Pneumonia

(DURATION) 7 DAYS

(Signed) Howard Kahn M. D.

5/7 1908 (Address) 202 W Read St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	5/8 1908
UNDERTAKER	ADDRESS
Robt Burke	170 Cathedral

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 Church ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Hamman

{Residence, if in Baltimore, Give Street and Number.} 909 Church Court.

Duration of Residence in Baltimore. 55 year

C 11989

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: March 1 1852

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William Hamman

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rose McAllister

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J Hamman

(Address) 1762 Hoffman St.

Filed 5/7 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to May 6th 1908

that I last saw h im alive on May 4th 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis &
Asthmia.

(DURATION) 6 months

Con tributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St.

Date May 6th 1908

Place of Burial St Peters

Date May 8 1908

Undertaker C. G. Friedfeld & Son

Address 2113 Freemont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 407 S. Exeter St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberio Graduino

{Residence, if in Baltimore, Give Street and Number.} 407 S. Exeter st

Duration of Residence in Baltimore. Life

C 11990

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Jan 1st 1906

AGE: 2 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Alberio Graduino

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Albera Graduino

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albero Graduino

(Address) 407 S. Exeter st.

Filed 5/8" 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from May 6 1908 to May 7 1908

that I last saw h-er alive on May 7 1908,

and that death occurred, on the date stated above, at P.M.

CAUSE OF DEATH (Secondary or Immediate)

Diphtheria Croup

(DURATION) 36h DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date May 7 1908

Place of Burial Holy Rosary Cem.

Date May 8" 1908

Undertaker Wendell Lippold Bro.

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE. Funerals 5/8/08

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1. C11991 Registered No. B 93

CERTIFICATE OF DEATH

(Place of Death.) No. McElderry & Patapsco St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Geo. Falkenhan

{ Residence, if in Baltimore, Give Street and Number. } McElderry & Patapsco

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1857

AGE 56 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Falkenhan

(Address) McElderry & Patapsco

Filed 5/8" 1908 HARRY C. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to May 5 1908

that I last saw h-im alive on 11 4 1908

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Hamilton Ave

Date May 8 1908

Place of Burial St Alphonsus Cem.

Date May 8 1908

Undertaker Randall Dippel & Son

Address 330 S. Broad St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C11992 Registered No. B C11992

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1350 Cleveland St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas M Shorter.

{ Residence, if in Baltimore, Give Street and Number. } 1350 Cleveland St.

Duration of Residence in Baltimore. C11992

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	Black.
DATE OF BIRTH	1
AGE	6 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Bal city
FULL NAME OF FATHER	John Shorter
BIRTHPLACE OF FATHER (State or country)	Charles Co Md
MAIDEN NAME OF MOTHER	Liza Butler
BIRTHPLACE OF MOTHER (State or country)	A Randolph Co Md
OCCUPATION OF DECEASED	— — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Shorter

(Address) 1350 Cleveland St

Filed 5/8 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Hu Lut. C Blake M.D.

Address 1014 W Lafayette ave

Date Coroner 190

Place of Burial Mt Auburn Cemetery

Date May 8 1908

Undertaker Geo H Shorter

Address 609 Little Pack St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... (11950) Registered No. B .....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George N. Cannins

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. C/1993

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 13 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowers

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/8 1908

HARRY O. ANDREWS
Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... May 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to May 6 1908 that I last saw him alive on May 6 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

E Laurens

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis ..... (DURATION) ..... DAYS

(Signed) Robt P Bay ..... M.D.

Address Bay View

Date May 7 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 7 - 1908 190

Undertaker E F Kelly

Address 303 N Carrollton ave

BAY VIEW ASYLUM

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

93

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C11994 Registered No. B 151.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1713 Hoffman Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin of Wm. & Louisa Moore

{Residence, if in Baltimore, Give Street and Number.} 1713 Hoffman Pl.

Duration of Residence in Baltimore. Life C11994

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR B

DATE OF BIRTH 1

AGE X years, X months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 5/8 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature. Wero Aet - 7 mo.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Lorraine Md

Date May 7—08 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 7 - 1908 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., Baltimore

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

9 3

Ward 24 Registered No. B

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 1446 Riviera Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Hyson

{Residence, if in Baltimore, Give Street and Number.} 1446 Riviera Ave.

Duration of Residence in Baltimore. Lifetime

C 11995

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: April 1836

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: don't know.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: don't know.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hyson

(Address) 1446 Riviera Ave.

Filed 5/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 5 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1908 to May 5 1908 that I last saw her alive on May 5 1908 and that death occurred, on the date stated above, at 3.40 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Epithelioma of Vulva & adjacent parts (DURATION) abt 1 year DAYS

(Signed) Robt. L. G. Leboith M.D.

Address 1318 N. Charles St.

Date May 5 1908

Place of Burial Mount Olivet

Date May 8 1908

Undertaker J. E. Evans & Son

Address 1128 N. Charles St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C11996 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Johnson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: B.

DATE OF BIRTH: 1

AGE: years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 5/8/09 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to May 7 1908 that I last saw h[illegible] alive on May 7 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleural Meningitis.

(DURATION) DAYS

Con'ributery (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) W. H. Kelly M.D.

Address Balto City Hospitals

Date May 8 1908

Place of Burial Catholic Cemetery

Date May 9 th 1908

Undertaker Heiss & Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

C11997

Registered No. B .....

CERTIFICATE OF DEATH.

34

(Place of Death.) No. Maryland Homeopathic Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Smith.

{ Residence, if in Baltimore, Give Street and Number. } 1334 Argyle Ave.

Duration of Residence in Baltimore. 18 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH .....

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St. Marys Co. Md

FULL NAME OF FATHER: Geo. Smith.

BIRTHPLACE OF FATHER (State or country): St Marys Co. Md.

MAIDEN NAME OF MOTHER: Sophia. Cole.

BIRTHPLACE OF MOTHER (State or country): St. Marys. Co. Md

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Davis Smith.

(Address) 1334 Argyle. Ave

Filed 5 8 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 7. 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to May 7 1908

that I last saw h alive on May 7 1908

and that death occurred, on the date stated above, at 5 45 P. M.

CAUSE OF DEATH (Secondary or Immediate) Exhaustion

Contributory (Primary.) General Tuberculosis (DURATION) 2 DAYS

(DURATION) Some time DAYS

(Signed) Geo. R. Jones M.D.

Address 1122 N. Mount St

Date May. 7. 1908

Place of Burial St. Peters Cemetery

Date May 11th 1908

Undertaker Felix B. Pyle

Address 102 S. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B 11998

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Mhelman.

{Residence, if in Baltimore, Give Street and Number.} 16 Albemarle st

Duration of Residence in Baltimore. 6 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: May 15 1850

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Samuel ashen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rebecca

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. Waldermann

(Address) 222 N. High st.

Filed 5/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908.

I HEREBY CERTIFY, That I attended deceased from 4/20 1908 to 5/7 1908 that I last saw her alive on May 7 1908, and that death occurred, on the date ~~stated above~~ must, at 5:00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia.

(DURATION) ½ hour DAYS

Contributory (Primary.) Myocarditis

(DURATION) 6 weeks DAYS

(Signed) H. Hermann M.D.

Address Hebrew Hospital

Date 5/8 1908

Place of Burial Hebrew Rosedale Cemetery

Date May 8, 1908

Undertaker Max Levinson

Address 1626 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B 11999

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 224 N. Bond St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Salmon Cohen

{Residence, if in Baltimore, Give Street and Number.} 224 N. Bond St.

Duration of Residence in Baltimore. 9 mos.

C11999

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR White

DATE OF BIRTH 1

AGE 39 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Abraham Cohen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ettia Muschawitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlie Cohen

(Address) 224 N Bond St

Filed 5/8 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 18th 1908 to May 7th 1908 that I last saw him alive on May 6th 1908 and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Liver

2 months (DURATION) DAYS

Contributory (Primary.) Pulmonary Congestion

(DURATION) 2 DAYS

(Signed) A. F. Ries M.D.

Address 213 S. Bond St.

Date May 8th 1908

Place of Burial Hebrew Herring Run Cemetery

Date May 8, 1908

Undertaker Max Lainson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C12000 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2201 N Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Massey Scott

{Residence, if in Baltimore, Give Street and Number.} 2201 N. Calvert

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Nov 27 1846

AGE: 62 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm B Massey

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Anna M. Biggs

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W M. Scott

(Address) 2201 N. Calvert

Filed 5/8 1908 MARRY CT ANDREWS PERMIT CLERK Registrar

pr Henry B Thomas
2201 Calvert St

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7" 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to May 7 1908

that I last saw her alive on May 6 1908

and that death occurred, on the date stated above, at 1.45 PM

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema
Oedema of Lungs &
Shock of Operation

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis chronic

2 years (DURATION) DAYS

(Signed) Henry B Thomas M.D.

Address 1007 Cathedral St

Date May 7" 1908

Place of Burial New Cathedral Cem

Date May 9 1908

Undertaker H. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12001 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1035 McDonough St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jessie Carman Lomp

{Residence, if in Baltimore, Give Street and Number.} 1035 McDonough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 11th 1908

AGE: — years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo. Lomp

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ida Waugh

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Lomp

(Address) 1035 McDonough

Filed 5/8 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1908

I HEREBY CERTIFY, That I attended deceased from April 23 1908 to May 7 1908 that I last saw h-im alive on May 7 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) one DAYS

Contributory (Primary.) Inanition +

Indigestion (DURATION) Life DAYS

(Signed) R.P. Carman M.D.

Address 1701 N Carolina st

Date May 7th 1908

Place of Burial Balto Cem

Date 5/9/08 190

Undertaker J. Herring & Son

Address 2008 Orleans st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12002 Registered No. B C12002

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Infirmary Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Infant of W E and Lula

Full Name ~~Baby~~ Houck

{ Residence, if in Baltimore, Give Street and Number. } 867 W. Lombard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 hours

.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: W E Houck

BIRTHPLACE OF FATHER (State or country): Frederick Co Md

MAIDEN NAME OF MOTHER: Lula Owings

BIRTHPLACE OF MOTHER (State or country): Mt Washington

OCCUPATION OF DECEASED: Miner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W E Houck

(Address) 808 W Lombard

Filed 5/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 6th 1908

I HEREBY CERTIFY, That I attended deceased from May 2nd 1908 to May 6 1908 that I last saw h[illegible] alive on May 6th 1908, and that death occurred, on the date stated above, at 8.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Immaturity, mani-
festation

.....(DURATION) DAYS

Contributory (Primary)

.....(DURATION) DAYS

(Signed) B C Franklin M.D.

Address Maternity Hospital

Date May 8th 1908

Place of Burial Druid Ridge

Date May 8 1908

Undertaker Fox & Cook

Address 1003 N Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12003

City of Baltimore, (No. 851 Linden Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 7 1908
(Month) (Day) (Year)

AGE — years, — months, 15 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Howard T. Miller

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Clara Henderson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard T Miller

(Address) 851 Linden ave

Filed 5/8 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 7th 1908 to May 8th 1908 that I last saw h[illegible] alive on May 8 1908, and that death occurred, on the date stated above, at 10. A.M. The CAUSE OF DEATH was as follows:

Atelectasis Pneumonia

(DURATION) 15 hrs DAYS

Contributory Dyspnoea

(DURATION) 15 hrs

(Signed) Augustus Thom M. D.

May 8 1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Mt Olivet Cem

DATE OF BURIAL May 8th 1908

UNDERTAKER Wm H Hagdon

ADDRESS 861 Linden

WM. J. C. DULANY CO., BALTIMORE

Ward 11 — Registered No. B 45

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Steve Downs
Centreville
Queen Anne C. Md.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 5 days. C12064

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	B.
DATE OF BIRTH	1
AGE	40 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

Address .....

May 8 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from May 7 1908 to May 7 1908 that I last saw h— alive on May 7 1908, and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate)

Shock - following wound
of Sacrum & Rectum

(DURATION) — DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Balto City Hospital

Date May 8 1908

Place of Burial Cemetery Md

Date May 9 1908

Undertaker Wm J Tichnor & Son

Address 425 W Lanvale

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12005 Registered No. [illegible] 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1700 Morton Street, Baltimore. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Edward Addam.

{Residence, if in Baltimore, Give Street and Number.} 1700 Morton St. Baltimore.

Duration of Residence in Baltimore. 2 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro.

DATE OF BIRTH: April 22nd 1908

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: James Addam.

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Carrie Johnson.

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. S. Coales.

(Address) Womans Medical College.

Filed 5/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1908

I HEREBY CERTIFY, That I attended deceased from April 22nd 1908 to May 7th 1908. that I last saw him alive on May 6th 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition.

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Howard Gallahan M.D.

Address 539 N. Carrollton Ave

Date May 7th 1908

Place of Burial Mt Auburn

Date May 9th 1908

Undertaker Alex Hemsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C12006 Reg

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 Borth St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Anna Dixon

{Residence, if in Baltimore, Give Street and Number.} 1307 Borth St

Duration of Residence in Baltimore. 45 minutes C 12006

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH May 5 1908

AGE ..... years, ... months, 45 minutes days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Dixon

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna Berane

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/8 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

James E Dixon

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1908 to ——— 190—

that I last saw h alive on May 5 1908

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Infant was born before arrival of Physician but only lived about 45 minutes. (DURATION) DAYS

Contributory (Primary.) Respiratory Failure (DURATION) DAYS

(Signed) Joseph L. Valentine M.D.

Address 622 W Lombard St

Date May 6 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 7 - 1908 190—

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

9.13.

Ward 10

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1402 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua Hildebrandt

{Residence, if in Baltimore, Give Street and Number.} Aged Men's Home

Duration of Residence in Baltimore. 30 yrs C12007

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH May 31 1837

AGE 71 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) York Co Pa

FULL NAME OF FATHER Geo Hildebrandt

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Annie Brew

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ch Comm Dept

(Address) Home

Filed 5/8 1905 MARY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1905

I HEREBY CERTIFY, That I attended deceased from May 1905 to May 7 1905 that I last saw h-- alive on May 6 1905, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

1 yr. (DURATION) DAYS

Contributory (Primary.) Dyspepsia (DURATION) DAYS

(Signed) W J Norwood M.D.

Address 824 W Fayette

Date May 8 1905

Place of Burial Mt Olivet Cem

Date May 9th 1905

Undertaker Geo. J Smith Co

Address 1200 W Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C12008 Registe... No. B ...

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 126 S. Arlington ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Bridget Spearman

{Residence, if in Baltimore, Give Street and Number.} 126 S. Arlington St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH dont know

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Leonard

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) — — — — —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Leonard

(Address) 126 S. Arlington ave

Filed

5/8 1908 HARRY C. ARDENS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7" 1908

I HEREBY CERTIFY, That I attended deceased from April 29" 1908 to May 7" 1908 that I last saw her alive on May 5" 1908 and that death occurred, on the date stated above, at 6.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary) Interstitial nephritis (DURATION) 8 DAYS

(Signed) [illegible] M.D.

Address 110 S. Gilmor St

Date May 9" 1908

Place of Burial St. Peters

Date May 9 1908

Undertaker John J. Field

Address 1200 N. Fountain st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12

10

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (if Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Archie Hill

{ Residence, if in Baltimore, Give Street and Number. } 304 West 28th Street

Duration of Residence in Baltimore.

C12009

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: — years, 10 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Hill

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Hallie Cain

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Hallie Hill

(Address) 304 W 28th St

Filed 5/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 8" 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to May 8" 1908

that I last saw him alive on May 8" 1908,

and that death occurred, on the date stated above, at 3.20 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Influenzal meningitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date May 8" 1908

Place of Burial: Laurel Cem

Date May 9 1908

Undertaker: A J Gillespie Hall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C12010 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 117 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo H. May

{Residence, if in Baltimore, Give Street and Number.} 117 E Fort ave

Duration of Residence in Baltimore Lifetime

C12010

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feby 9 1908

AGE — years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Geo H. May

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary E Streib

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H May

(Address) 117 E Fort ave

Filed 5/8 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from 5/6 1908 to 5/7 1908 that I last saw h— alive on 5/7 1908, and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

Exhaustion (DURATION) DAYS

Contributory (Primary.) Bronchitis

Pneumonia (DURATION) DAYS

(Signed) J. J. Dunnington M.D.

Address 104 E Fort Ave

Date 5/7 1908

Place of Burial New Cathedral

Date May 9 to 1908

Undertaker Jos Stumbler Jr

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine J. Hanley

{ Residence, if in Baltimore, Give Street and Number. } 1303 W. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mch 3 1836

AGE 72 years, 2 months, 3 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Hughes

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Monaghan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J Dailey

(Address) 113 S. Carey St

Filed 5/8 1908

HENRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1908 to May 6 1908 that I last saw h-- alive on May 6 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Infirmities of old age

(DURATION) 1 DAYS

Contributory (Primary.) Heart Disease

(DURATION) DAYS

(Signed) J. E. Bound M.D.

Address 1302 W. Lombard St

Date May 7 1908

Place of Burial New Cathedral

Date May 9 1908

Undertaker J. B. Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C12012

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1123 Bolton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. Chamberlaine

{Residence, if in Baltimore, Give Street and Number.} 1123 Bolton St

Duration of Residence in Baltimore. 32 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Nov 13 1863

AGE 44 years, 5 months, 24 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James L. Chamberlaine

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret A. Chamberlaine

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion V. Chamberlaine

(Address) 1123 Bolton St.

Filed 5/8 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1907 to May 6th 1908 that I last saw her alive on May 6th 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Stomach

(DURATION) 300 DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) 300 DAYS

(Signed) William Heesich M.D.

Address 1606 Madison Ave

Date May 8th 1908

Place of Burial Aiken Cecil Co Md

Date May 9 1908

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. 27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12013

Registered No. B.....

City of Baltimore, (No. 2714 N North ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herbert Henry Hamilton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 2 1880 (Month) (Day) (Year)

AGE: 28 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: J. Frank Hamilton

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Joanna Stansbury

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Painter (House)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Frank Hamilton

(Address) 2714 N North

Filed May 8 1908

HENRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 23 1908 to May 6 1908 that I last saw h.. alive on May 6 1908, and that death occurred, on the date stated above, at 10 45 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs & Larynx

(DURATION) 150 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. Pollard LaBarre M. D.

May 7 1908 (Address) 1905 N. North

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park.	May 8 1908
UNDERTAKER	ADDRESS
Geo.W.Little,	531 N.Fremont Av

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 518 Chestnut Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Kelly

{Residence, if in Baltimore, Give Street and Number.} 518 Chestnut Hill Ave.

Duration of Residence in Baltimore. Lifetime

C 12014

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 15, 1855

AGE: 53 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Peter J. Kelly

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Bridget Nugent

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Retired Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Kelly

(Address) 518 Chestnut Hill Ave

Filed 5/8 1908 HENRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May. 6 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 21 1908 to May 6 1908 that I last saw h— alive on May 5 1908, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Albuminuria

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gouuch Ave

Date May 7- 1908

Place of Burial Holy Cross Cemetery

Date May 9, 1908

Undertaker Henry W. Means & Son

Address 865 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C12015

CERTIFICATE OF DEATH.

29

(Place of Death.) No. 122 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Joseph Hankinson

{Residence, if in Baltimore, Give Street and Number.} 122 N. Mount St.

Duration of Residence in Baltimore. Life

C12015

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH June 11 1884

AGE 18 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jas A Hankinson

BIRTHPLACE OF FATHER (State or country) Near Baltimore Md.

MAIDEN NAME OF MOTHER June M Donnelly

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas A Hankinson

(Address) 122 N Mount St

Filed 5/8 1908 HARRY C. ANDREWS? PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908

I HEREBY CERTIFY, That I attended deceased from April 21 1908 to May 8 1908

that I last saw h[illegible] alive on May 7 1908,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Tuberculosis

Asthenia

(DURATION) DAYS

Con'tributory (Primary.) Tuberculosis Intestinalis (DURATION) 21 DAYS

(Signed) J. Frederick Lutz M.D.

Address 1340 W. North Ave

Date May 8 1908

Place of Burial New Balto. Penna

Date May — 9 — 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C12016

City of Baltimore, (No. 622 N Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joshua A Copper

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: May (Month) 11 (Day) 1868. (Year)

AGE: 39 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Chestertown Md.

FULL NAME OF FATHER: James D Copper.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: S.A. Woodall.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) E. L. Whitney M. D.

(Address) 1103 Linden Ave

Filed 5 8 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) eighth (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to May 7 1908

that I last saw him alive on May 7 1908,

and that death occurred, on the date stated above, at 3 A.M. The CAUSE OF DEATH was as follows:

Mitral regurgitation & relative aortic insufficiency failure of compensation.

About 6 months. (DURATION) DAYS

Contributory Oedema of the lungs

6 hours (DURATION) DAYS

(Signed) E. L. Whitney M. D.

May 8 1908 (Address) 1103 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Chestertown Md.

DATE OF BURIAL: May 9 1908

UNDERTAKER: Crowley Bros.

ADDRESS: 25 N Fulton Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13

C12017

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 512 Tyson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Red

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 18 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas Haines

BIRTHPLACE OF FATHER (State or couutry) md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Moore

(Address) 512 Tyson St

Filed 5/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to May 3 1908 that I last saw h er alive on May 3 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 22 DAYS

Contributory .....
(DURATION) ..... DAYS

(Signed) B B Browne M. D.

190 ..... (Address) 510 Park

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters

DATE OF BURIAL May 9 1908

UNDERTAKER R. A. Elliott

ADDRESS 506 Rogers

Ward 10 C12018 Registered No. B C12018

CERTIFICATE OF DEATH.

69

(Place of Death.) No. 1721 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Loretta Laurr

{ Residence, if in Baltimore, Give Street and Number. } 1721 Lemmon St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 3d 1896

AGE 11 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimd

FULL NAME OF FATHER Jas. J. Laurr

BIRTHPLACE OF FATHER (State or country) Baltimd

MAIDEN NAME OF MOTHER Mary E. Hennman

BIRTHPLACE OF MOTHER (State or country) Baltimd

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno J. Laurr

(Address) 1721 Lemmon

Filed 5/9 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1907 to May 6 1908 that I last saw her alive on May 6 1908 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) 2yrs DAYS

Heart Failure

Contributory (Primary)

(DURATION) 7 DAYS

(Signed) G. W. Slater M.D.

Address 1703 W. Lafayette

Date May 7th 1908.

Place of Burial Cathedral Cemetery

Date May 10th 1908

Undertaker A. Krull & Sons

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12019 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H. Brown

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: col.

DATE OF BIRTH: ..... 1 .....

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 5-/9 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 7 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to May 7 1908

that I last saw h.. alive on May 7 1908,

and that death occurred, on the date stated above, at 9 40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

..... (DURATION) ..... DAYS

Contributory (Primary.) Endo-carditis

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 7 1908

Place of Burial Sacred Heart

Date May 9 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — Registered No. B 012020

012020

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Thomas Welsh

{ Residence, if in Baltimore, Give Street and Number. } 25 Albemarle St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday.

(Address) BAY VIEW ASYLUM.

Filed 5/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 7. 1908

I HEREBY CERTIFY, That I attended deceased from April 24 1908 to May 8 1908 that I last saw h-- alive on May 8 1908, and that death occurred, on the date stated above, at 2 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 7 1908

Place of Burial Sacred Heart

Date May 9 1908

Undertaker Chas H. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C12021 Registered No. B C12021

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Milton Ramon

{ Residence, if in Baltimore, Give Street and Number. } 46 W West St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Col.
DATE OF BIRTH	1
AGE	62 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Bellyboy Supt. BAY VIEW ASYLUM.

(Address) HARRY O. ANDREWS, PERMIT CLERK

Filed 5/9 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th. 1908

I HEREBY CERTIFY, That I attended deceased from May 6 1908 to May 6th 1908

that I last saw him alive on May 6 1905,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. Begg M.D.

Address Bay View

Date May 7 1908

Place of Burial Mt Auburn Cem

Date May 16 1908

Undertaker G. L. Brown & Son

Address 108 N. Monday ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C12022 Registered No. B C12022

CERTIFICATE OF DEATH.

(Place of Death.) No. 1614 Mulliken St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josiah Bell 9r

{ Residence, if in Baltimore, Give Street and Number. } 1614 Mulliken St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C

DATE OF BIRTH Feby 22 1906

AGE 2 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William Bell

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Ella Stanley.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Green.

(Address) 1614 Mulliken

Filed 5/9 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

North Eastern Dist.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from May. 4 1908 to May 7 1908

that I last saw h alive on May 7 1908,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) A. L. Levy. M.D.

Address 333 N Eutaw

Date 5/8/08 190

Place of Burial Cemetary

Date May 9 190

Undertaker John W Henderson

Address 21 N Eutaw st

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C12023 C12023

Ward 1 Registered No. B 123

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 Lamont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ellen Matthews

{ Residence, if in Baltimore, Give Street and Number. } No. 1720 Lamont ave

Duration of Residence in Baltimore. About 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 7, 1829.

AGE 78 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hinkle E. Matthews

(Address) 1720 Lamont ave

Filed 5/9 1908 BARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8, 1908

I HEREBY CERTIFY, That I attended deceased from April 5, 1908 to May 8 1908 that I last saw her alive on May 6, 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Cystitis & Anemia

Several months (DURATION) DAYS

Contributory (Primary.) Infirmities of Age. (DURATION) DAYS

(Signed) A. A. Elwell M.D.

Address 1741 Harford ave

Date May 8, 1908

Place of Burial Baltimore Cemetery

Date May 10th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12024 Registered No. B C12024

CERTIFICATE OF DEATH. 15-4

(Place of Death.) No. 1037 Hanbert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Scherer

{ Residence, if in Baltimore, Give Street and Number. } 1037 Hanbert St

Duration of Residence in Baltimore. 59 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sep. 18th 1818

AGE: 89 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Bishop

(Address) 1424 Richardson St

Filed 5/9 1908 HY C. ANDREWS? PERMIT CLERK? Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1908

I HEREBY CERTIFY, That I attended deceased from April 25th 1908 to May 7th 1908

that I last saw him alive on May 7th 1908

and that death occurred, on the date stated above, at 8.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 340 Schroeder

Date May 8th 1908

Place of Burial Baltimore Cemetery

Date May 10th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S.E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12025 Registered No. B C12025

CERTIFICATE OF DEATH.

18

(Place of Death.) No. 819 S. Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Mobray

{Residence, if in Baltimore, Give Street and Number.} 819 S. Potomac St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 6 1853

AGE 55 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William Mobray

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Adams

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Mobray

(Address) 819 S. Potomac St.

Filed 5 9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 1908

I HEREBY CERTIFY, That I attended deceased from April 29 1908 to May 6 1908

that I last saw him alive on May 5 1908

and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bronchitis

(DURATION) 3 mos DAYS

Con'ributory (Primary.) Chronic Endocarditis (DURATION) unknown DAYS

(Signed) M J Meaney M.D.

Address 839 S. Canton Ave

Date May 8 1908

Place of Burial Mt. Carmel Cemetery

Date May 9 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C12026 Registered No. B C12026

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1035 Boyd St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm. A. Belt.

{Residence, if in Baltimore, Give Street and Number.} 1035 Boyd St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male. COLOR: White.

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltr. Md.

FULL NAME OF FATHER: Lloid L. Belt

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Helen Dixon

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Belt.

(Address) 1035 Boyd St.

Filed 5/9 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May. 6 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.) Pul. Hemorrhage

(DURATION) DAYS

(Signed) Herbt. C. Blake M.D.

Address 1014. W. LaFayette ave

Date May 7. 1908

Coroner

Place of Burial St. Peters Cem.

Date May 9th 1908

Undertaker Jno. A. Inman

Address Bank & Amity St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12027 Registered No. B C12027

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 218 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore M. Hollman

{Residence, if in Baltimore, Give Street and Number.} 218 N Glover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W

DATE OF BIRTH: Nov 1 1906

AGE: / years, 6 months, days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Frank J. Hollman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Helen G Boylan

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen G. Hollman

(Address) 218 N. Glover st.

Filed 5/9 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to May 7th 1908 that I last saw him alive on May 7th 1908 and that death occurred, on the date stated above, at about 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions Coma

(DURATION) DAYS

Con'tributory (Primary) Cerebro-spinal Meningitis (DURATION) 14 DAYS

(Signed) Geo. A. Reynolds M.D.

Address 209 N Charles St

Date May 8th 1908

Place of Burial Cathedral Cem.

Date May 11 1908

Undertaker John A Moran

Address 1 Bank St Annex

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 8 C12028 Registered No. B C12028

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2260 E North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Weidberg

{Residence, if in Baltimore, Give Street and Number.} 2260 E North Ave Weidberg

Duration of Residence in Baltimore... 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH June 11th 1837

AGE 71 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Diering

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Olga Bierer

(Address) 2250 E. Northave

Filed 5/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1908

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to May 8 1908 that I last saw h[illegible] alive on May 7 1908, and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Grenfell M.D.

Address 517 Lodi St

Date May 8th 1908

Place of Burial London Park Cemetery

Date May 10th 1908

Undertaker F. B. Wagner

Address / Frederick Ave Este

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C12029 Registered No. B C12029

CERTIFICATE OF DEATH. 1-0

(Place of Death.) No. 816 Woodley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. P. Hauk

{ Residence, if in Baltimore, Give Street and Number. } 816 Woodley St.

Duration of Residence in Baltimore. 18 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 11th 1865

AGE: 43 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): York Pa

FULL NAME OF FATHER: Wm. G. Hauk

BIRTHPLACE OF FATHER (State or country): York Pa

MAIDEN NAME OF MOTHER: Henrietta Smith

BIRTHPLACE OF MOTHER (State or country): York Co. Pa

OCCUPATION OF DECEASED: Woodworker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Hauk

(Address) 816 Woodley St

Filed 5/9 1908 HARRY O. ARDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1908 to May 6, 1908 that I last saw him alive on May 6, 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Renal Asthma
Cardiac & respiratory failure.

(DURATION) 12 DAYS

Contributory (Primary.) Nephritis

(DURATION) — DAYS

(Signed) E. A. Dickey, M.D.

Address 14 N. Monroe St.

Date May 9, 1908

Place of Burial Westminster

Date May 9th 1908

Undertaker F. B. Stephens

Address Frederick Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12030 Registered No. B C12030

CERTIFICATE OF DEATH. 16

(Place of Death.) No. 28 N. Paturent St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo W. Roder Jr

{Residence, if in Baltimore, Give Street and Number.} 28 N. Paturent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 1888

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Geo. Roder

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Anna Regner

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo Roder

(Address) 28 N. Paturent St

Filed 5/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 22nd 1908 to May 8th 1908

that I last saw h er alive on May 8th 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia - Eclampsia

(DURATION) DAYS

Contributory (Primary) Encephalitis

(DURATION) DAYS

(Signed) Herman L. Siering M.D.

Address 1937 Edmondson Ave

Date May 9th 1908

Place of Burial Oak Lawn Cem

Date May 10 1908

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

6.

CERTIFICATE OF DEATH.

C12031

C12031

Registered No. B.....

City of Baltimore, (No. 2012 Greenmount ave St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph H. O'Neill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 1 years, 8 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John O'Neill

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Cecelia Lynch

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O'Neill

(Address) 2012 Green Mt Ave

Filed 5/9 1908

HARRY G. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 26 1908 to May 7 1908 that I last saw him alive on May 7 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Measles followed by Septic infection

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) James McPenton M. D.

190 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? .....Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: May 190 9

UNDERTAKER: E. A. Weidefeld

ADDRESS: 2103 Green Mt Ave

funeral May 9 — 2 P. M.

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 Registered No. B C12032

C12032

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 232 Richmond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kenn Keene

{Residence, if in Baltimore, Give Street and Number.} 232 Richmond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. COLOR: White

DATE OF BIRTH: April 4th 1866

AGE: 42 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Martin Kirkman

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Carrol County

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Shaw

(Address) 232

Filed 5/9 1908 HARRY O. ANDREWS FINANCIAL CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Accidental (DURATION) ... DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) Oscar Bachman M.D.

Address 700 Log. av. (Comp.)

Date May 9th 1908

Place of Burial New Cathedral Cem.

Date May 10th 08 190...

Undertaker William H. Hagadon

Address 851 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C12033 Registered No. B C12033

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2035 W Lafayette av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence Carnes.

{Residence, if in Baltimore, Give Street and Number.} 2035 W Lafayette av

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md.

FULL NAME OF FATHER: Saml L. Carnes

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Jennie Carnes

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: Diver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie E Carnes.

(Address) 2035 W. Lafayette av

Filed 5/9 1908 HARRY G. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 8 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to May 8 1908 that I last saw h in alive on May 7 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Parenchymatous Nephritis

(DURATION) 2 months DAYS

Contributory (Primary.) Heart Depression

(DURATION) DAYS

(Signed) E. Emile Mealey M.D.

Address 2129 N Broadway.

Date May 9 1908

Place of Burial Western Cem

Date May 11/08 190

Undertaker Wm Cook

Address 502 E North av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12034 Registered No. B C12034

118

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 E Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E. Sutton

{ Residence, if in Baltimore, Give Street and Number. } 415 E Lafayette Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: About 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Caulmelle

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Bond

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Sutton

(Address) 415 E Lafayette

Filed 5/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 8 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to May 8 1908 that I last saw her alive on May 8 1908 and that death occurred, on the date stated above, at 1 A.M. A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(DURATION) 4 DAYS

Con'tributory (Primary.) Appendicitis

(DURATION) 7 DAYS

(Signed) Edmund Gibbs M.D.

Address 316 E North Ave

Date May 8th 1908

Place of Burial Greenmount Cemetery

Date May - 10 1908

Undertaker Wm Pickerodons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — C12035 — Registered No. B C12035

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1300 Fort Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hester Duvall

{Residence, if in Baltimore, Give Street and Number.} 1300 Fort Av

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1860

AGE 48 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Wales - England

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Wales - England

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Duvall

(Address) 1496 Fort Av

Filed 5/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6th 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1906 to May 6th 1908

that I last saw h alive on May 6th 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute endocarditis (DURATION) 3 DAYS

Contributory (Primary)

Lobar pneumonia (DURATION) 7 DAYS

(Signed) Kahn M.D.

Address 1570 Fort Av

Date May 7th 1908

Place of Burial London Park Cem

Date May 9 th 1908

Undertaker Daniel and Margaret E. Flynn

Address 42 East West Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12036 Registered No. B C12036

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 609 - E. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Leo Finan

{Residence, if in Baltimore, Give Street and Number.} 609 - E. Clement St.

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: May 6 1908

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Geo. A. Finan

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lula J. Kerr

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. A. Finan

(Address) 609 - Clement

Filed 5/9 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May - 9th 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 9 1908 that I last saw h.. alive on May 9 1908, and that death occurred, on the date stated above, at 8.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

..... (DURATION) ..... DAYS

Contributory (Primary.) Inanition.

..... (DURATION) 3 DAYS

(Signed) Frank J. Doyle M.D.

Address 611 - E Fort ave

Date May - 9 1908

Place of Burial Holy Cross Cem

Date May 10 th 1908

Undertaker Daniel and Margaret J. Flynn

Address 42 East West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th — C12037 — C12037 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 E Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George M. Finian

{ Residence, if in Baltimore, Give Street and Number. } 609 E. Clement St

Duration of Residence in Baltimore.. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 6 1908
AGE	~~years,~~ ~~months,~~ 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	George Finian
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	Lula Korb
BIRTHPLACE OF MOTHER (State or country)	Balto Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Finian (Father)

(Address) 609 E Clement St

Filed 5/9 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw ~~him alive on~~ 1908

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

Premature Birth

7 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date May 8 1908

Place of Burial Holy Cross Cem

Date May 10 1908

Undertaker David and Margaret Pilgrim

Address 42 East West Street

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...H DEP... ..., City of

Ward 2 C12038 Registered No. B C12038

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 S. Chester St. (If Death occurs in Hospital or Institution give its Name instead of Street and Number)

Full Name Robert L Dickey

{Residence, if in Baltimore, Give Street and Number.} 2108 E Lombard St

Duration of Residence in Baltimore. About 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 22 nd 1835

AGE: 72 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Milford N J

FULL NAME OF FATHER: John M Dickey

BIRTHPLACE OF FATHER (State or country): Milford N J

MAIDEN NAME OF MOTHER: Martha Long

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. L Dickey

(Address) 2108 E Lombard St

Filed 5/9 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6 th 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 1908 to May 6 1908

that I last saw him alive on May 5 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic indigestion causing exhaustion found

(DURATION) 36 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rinck M.D.

Address Ivon C. Bartol M.D.

Date May 8 1908

Place of Burial Baltimore Cem

Date May 10 th 1908

Undertaker H. Allen Fuller

Address 2012 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12039 Registered No. B C12039

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank A Sellner

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 5/9 1908 HARRY O. ANDREWS? PERMIT CLERK? Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... May 8 1908

I HEREBY CERTIFY, That I attended deceased from March 4 1908 to May 8 1908

that I last saw h~~im~~ alive on May 8 1908,

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) ..... Robt P Bay ..... M.D.

Address ..... Bay View

Date ..... May 9 1908

Place of Burial Sacred Heart

Date ..... May 10 1908

Undertaker Chas F. Evans

Address 118 1170 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C12040 Registered No. B C12040

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Jones.

{Residence, if in Baltimore, Give Street and Number.} 2344 Eutaw Place.

Duration of Residence in Baltimore. 2.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W.

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Delaney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Delaney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) R. M. Jones

(Address) 2344 Eutaw Pl

Filed 5/9 1908 HARRY O. ARDINGER Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 25 1908 to May 8 1908

that I last saw h e alive on May 8 1908,

and that death occurred, on the date stated above, at 3.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) — DAYS

Contributory (Primary) Ex Luetica

(DURATION) DAYS

(Signed) W H Eden M.D.

Address Balto City Hosp

Date May 8 1908

Place of Burial Loudon Park

Date May 11 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE

• SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C12041

C12041

Ward 14 Registered No. B

CERTIFICATE OF DEATH.

92

(Place of Death.) No. St Vincents Inf Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virginia L Adams

{Residence, if in Baltimore, Give Street and Number.} St Vincents.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) B.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address)

Filed 5/9 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

By Laceration

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Mahon M.D.

Address

Date May 8 1908

Place of Burial New Cathedral

Date May 9 1908

Undertaker Martin Fahey & Son

Address 406 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

C12042 Registered No. B C12042

CERTIFICATE OF DEATH.

6

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H Wiels

{ Residence, if in Baltimore, Give Street and Number. } St Vincents.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Vincents Inf Asy.

(Address)

Filed 5/9 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Synovitis of knee

Influenza

Measles.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) D Mantay M.D.

Address .....

Date May 8 1908

Place of Burial New Cathedral

Date May 9 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12043 Registered No. B C12043

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St Vincent Infant Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelius Hoof

{ Residence, if in Baltimore, Give Street and Number. } St Vincent

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Clr.

DATE OF BIRTH 1

AGE ..... years, ... months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) St Vincents Infs. Asy.

(Address)

Filed 5/9 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Duration

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) R Martin M.D.

Address

Date May 8 1908

Place of Burial New Cathedral

Date May 9 1908

Undertaker Martin Bailey & Son.

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C12044

Ward 18

Registered No. B C12044

99

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 Mulberry St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen G Adelsberger

{Residence, if in Baltimore, Give Street and Number.} 920 Mulberry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: — 1872

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Patrick Hanlon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert E Adelsberger

(Address) 920 Mulberry St

Filed 5/9 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7, 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemmorhage

(DURATION) 2 Hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Martin M.D.

Address

Date May 8 1908

Place of Burial Cathedral & Loretto Cem.

Date May 11th 1908

Undertaker H. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12045 Registered No. B C12045

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 604 Pattison Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos Gillum (Gillum)

{Residence, if in Baltimore, Give Street and Number.} 604 Pattison Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dec - 1867

AGE: ..... years, 5 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Nathan Hill

BIRTHPLACE OF FATHER (State or country): Md -

MAIDEN NAME OF MOTHER: Mabel Gillum

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Brooks

(Address) 1107 Pattison Ave

Filed 5/9 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from birth (DURATION) ..... DAYS

Con'ributory (Primary.) Prematurity

from (DURATION) ..... DAYS

(Signed) Wm. Radcliffe M.D.

Address 700 Laf. Ave. Bmore,

Date May 8th 1908

Place of Burial Laurel Cemetery

Date May 9 1908

Undertaker J. H. Brooks

Address 1107 Pattison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12046 Registered No. B C12046

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 611 N. Lanvale St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Marion J. Leuchsfield

{Residence, if in Baltimore, Give Street and Number.} 611 Lanvale St

Duration of Residence in Baltimore. 3yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Dont Know 1

AGE: 28 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): N. Carolina

FULL NAME OF FATHER: Marion Leuchsfield

BIRTHPLACE OF FATHER (State or country): N. Carolina

MAIDEN NAME OF MOTHER: Dont-Know

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burley

(Address) 1107 Dolphin Ave

Filed 5/9 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to May 8 1908 that I last saw h alive on May 6 1908 and that death occurred, on the date stated above, at 11 4 M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hemorrhage

(DURATION) ... DAYS

Con'ributory (Primary) Pulmonary Tuberculosis (DURATION) ... DAYS

(Signed) T. S. Hawkins M.D.

Address 1202 Druid Hill Ave

Date May 8 1908

Place of Burial Mt. Auburn Plain NC

Date May 8 1908

Undertaker John A. Burley

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12047 Registered No. B C12047

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 9 N Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harrison Johnson

{Residence, if in Baltimore, Give Street and Number.} 9 N Vincent.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR a

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Pere Johnson

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Mary Moore

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pere Johnson

(Address) 9 N Vincent St

Filed 5/9 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 8 1908 that I last saw him alive on May 8 1908, and that death occurred, on the date stated above, at 11.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Bronchitis

2 months (DURATION) — DAYS

(Signed) A. T. Vondelun M.D.

Address 1656 N. Calvert

Date May 9 1908

Place of Burial Laurel

Date May 10 1908

Undertaker A. J. Freeland & Co.

Address 706 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12048 Registered No. B C12048

CERTIFICATE OF DEATH. 81

(Place of Death.) No. 948 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard A. Barnes

{Residence, if in Baltimore, Give Street and Number.} 948 N. Chapel St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Joshua Barnes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Collins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua Barnes

(Address) 948 N. Chapel St

Filed 5/9 1908

HARRY C. ANDREWS CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 — 1908

I HEREBY CERTIFY, That I attended deceased from May 2 — 1908 to May 7 — 1908 that I last saw him alive on May 7 — 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy

(DURATION) 5 DAYS

Con'tributory (Primary.) Arterio-sclerosis several yrs

(DURATION) ~~DAYS~~

(Signed) W. T. Harris M.D.

Address 1374 Druid Hill Ave

Date May 8 — 1908

Place of Burial Laurel Cem

Date May 9 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B C12049

C12049

CERTIFICATE OF DEATH. 146

(Place of Death.) No. 2209½ Hunters Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Bell

{Residence, if in Baltimore, Give Street and Number.} 2209½ Hunters Alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Sept 24th 1905

AGE 2 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Bell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nana Harrod

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nana Harrod

(Address) 2209½ Hunters al

Filed 6/9 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to May 7 1908 that I last saw her alive on May 3 1908 and that death occurred, on the date stated above, at 8.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Rachitis

6 mo (DURATION) DAYS

Contributory (Primary) Asthenia

(DURATION) DAYS

(Signed) Reginald J. Tonn M.D.

Address 220½ York Road

Date May 8 1908

Place of Burial Laurel

Date May 9 1908

Undertaker R. A. Elliott

Address 516 Rogers ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B C12050

C12050

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1400 Barclay extended St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Ernest Sloan.

{Residence, if in Baltimore, Give Street and Number.} 1400 Barclay St extended

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore md

FULL NAME OF FATHER: Albert S Sloan

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Roland

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Md

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Sloan

(Address) 1400 Barclay St

Filed 5/9 1908 HARRY C. ANDREWS? PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7. 1908

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to May 7 1908, that I last saw him alive on May 7 1908, and that death occurred, on the date stated above, at 4. 8 M. CAUSE OF DEATH (Secondary or Immediate)

General Debility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) R. Roland Schmidt M.D.

Address 424 East 23 St.

Date May 7. 1908.

Place of Burial Laurel

Date May 9 1908

Undertaker R. A. Elliott

Address 506 Roguse Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C12051 Registered No. B C12051

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1004 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) St.

Full Name Raspberry Jenifer

{Residence, if in Baltimore, Give Street and Number.} 1004 S. Eutaw St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: William Jenifer

BIRTHPLACE OF FATHER (State or country): md.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucinder Jenifer

(Address) 1004 S. Eutaw St

Filed 5/9 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 1908 to May 6 1908 that I last saw him alive on May 6 1908, and that death occurred, on the date stated above, at 5-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) DAYS

Contributory (Primary.) 2 mos

(DURATION) DAYS

(Signed) W. P. Smith M.D.

Address 528 Hanover St.

Date May 9 1908.

Place of Burial National Hm.

Date May 10 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C12052 Registered No. B C12052

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1317 Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Bush

{Residence, if in Baltimore, Give Street and Number.} 1317 Monroe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: September 1888

AGE: 19 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto —

FULL NAME OF FATHER: James Bush

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Louisa Hill

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Wilson (Sister)

(Address) 1926 Mt Royal Terrace

Filed 5/9 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to May 7 1908 that I last saw h alive on May 4 1908, and that death occurred, on the date stated above, at 5:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro-Pneumonia

(DURATION) 21 DAYS

Contributory (Primary) Asthenia (DURATION) 1 DAYS

(Signed) T. E Daugherty M.D.

Address 1442 Pennsylvania Ave.

Date May 8 1908

Place of Burial Mt. Auburn Cem.

Date May 10, 1908

Undertaker John A Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C12053

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12053

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 116 Seldner Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Victoria Vincent

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Color

DATE OF BIRTH: July (Month) 15 (Day) 1880 (Year)

AGE: 22 years, 8 months, 11 days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo-Hayward

BIRTHPLACE OF FATHER (State or country): Somerset Co. Md

MAIDEN NAME OF MOTHER: Victoria — unknown

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Effie Hayward

(Address) 116 Seldner Place

Filed 5/9 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 12 1908 to May 7 1908

that I last saw h alive on May 7 1908,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Canal definite 2 ay DAYS (DURATION)

Contributory Acute Bronchitis, Acute Rheumatism (DURATION) Pt 2 weeks 2 weeks

(Signed) F. A. Carpenter M. D.

May 8 1908 (Address) 516 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: May 10, 1908

UNDERTAKER: John H. Loadrin

ADDRESS: 142 W. Hill St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C12054

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C12054

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

19

Registered No. B

City of Baltimore, (No. 1421 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Rosenthal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: February 17th 1846 (Month) (Day) (Year)
AGE: 62 years, 2 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): U. S. Md.
FULL NAME OF FATHER: William Rosenthal
BIRTHPLACE OF FATHER (State or country): Germany
MAIDEN NAME OF MOTHER: Maithouse
BIRTHPLACE OF MOTHER (State or country): Germany
OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rena Rosenthal
(Address) 1421 Madison ave

Filed 5/9 1908 HARRY C. ANDREWS, PARNTT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to May 7 1908 that I last saw h[illegible] alive on May 6 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Dilated heart, Mitral disease with arterio sclerosis

(DURATION) 2 ~~years~~ DAYS

Contributory Oedema of Lungs

(DURATION) 1 DAYS

(Signed) Julius Friedenwald M. D.

May 8/ 1908 (Address) 1013 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cemetery	May 10 1908
UNDERTAKER	ADDRESS
J. Thuesko	160 Madison

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C12055

Ward 25 C12055 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1026 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hiram M Eason

{Residence, if in Baltimore, Give Street and Number.} 1020 Light St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: April 4 1875 ~~XXXXXXXXXXXXXX~~ 1

AGE: 33 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Hiram Eason

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Emma Bensten

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Optician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Eason(Mother)

(Address) 1020 Light St.

Filed 5/9" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to May 8 1908 that I last saw h alive on May 6 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gray M.D.

Address 928 Cathedral

Date May 8 1908

Place of Burial Loudon Park Cemetery.

Date MAY 11. 1908 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12056 Registered No. B C12056

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 622 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Ella F Brown

{Residence, if in Baltimore, Give Street and Number.} 1329 N. Central Ave

Duration of Residence in Baltimore. May 8 1908 (2 days)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 8 1908

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas D. Brown

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ella F Parks

BIRTHPLACE OF MOTHER (State or country) Somerset Co Md.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas D Brown

(Address) 1329 N Central Ave

Filed 5/9" 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 9 1908 that I last saw h[illegible] alive on May 9 1908, and that death occurred, on the date stated above, at 10 15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) ——— DAYS

Contributory (Primary.) Prematurity

Infant weighed 2 lbs (DURATION) ..... DAYS

(Signed) Joseph L Valentini M.D.

Address 622 N Lombard St

Date May 9 1908

Place of Burial Baltimore Cem

Date May 10 1908

Undertaker W. J. Dickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12057 Registered No. B C12057

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 128 N. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. Joseph Ferris

{ Residence, if in Baltimore, Give Street and Number. } 128 N Collington Ave.

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 15" 1874

AGE 34 years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Thomas Ferris

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Annie Kenny

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Thermometermaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Ferris

(Address) 128 N. Collington Ave

Filed 5/9" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to May 8 1908

that I last saw him alive on May 2 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Once -

(DURATION) DAYS

Contributory (Primary) La Grippe

(DURATION) 8 DAYS

(Signed) H. S. Grant M.D.

Address 1731 Eutaw St

Date May 8 1908

Place of Burial Mt. Cathedral

Date May 11" 1908

Undertaker Geo. W. Fink

Address 811 N Dolfield

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C12058 Registered No. B C12058

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2106 Mary Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Otto. Plitt

{Residence, if in Baltimore, Give Street and Number.} 2106 Mary Anna

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 8 1889
AGE	18 years, 11 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Otto Plitt
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Henrietta Engert
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Plitt

(Address) 2106 Marianna St

Filed 5/9" 1908 HARRY O. ANDREW Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to May 8 1908 that I last saw him alive on May 6. 1908. and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonale,

(DURATION) 10 months

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. W. Dill M.D.

Address 1735 Hollins St

Date May 8. 1908

Place of Burial Western Cem.

Date May 10 1908

Undertaker L. W. Dill

Address 810 Fredk Ave. Dist.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C12059

Ward 24 C12059 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Alfred R Willy

{ Residence, if in Baltimore, Give Street and Number. } 1640 Jackson St.

Duration of Residence in Baltimore. One year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 1886

AGE: 21 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: R.R. Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Schaffer

(Address) 1640 Jackson St

Filed 5/9" 1908 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9, 1908

I HEREBY CERTIFY, That I attended deceased from 3-14-08 1908 to 5-8- 1908 that I last saw h in alive on 5-9- 1908 and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Con'ributory (Primary.) Typhoid Fever

Lobar Pneumonia (DURATION) DAYS

(Signed) W. W. Bruns M.D.

Address Md. Gen. Hosp

Date May 9 1908

Place of Burial Frederick Co Md Wasly. Cem.

Date May 10 1908

Undertaker F.A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 11 C12060 Registered No. B C12060

CERTIFICATE OF DEATH. 64

(Place of Death.) No. Bacl City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Owen.

{Residence, if in Baltimore, Give Street and Number.} 188 N. Lamdin st.

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR B.

DATE OF BIRTH March 21 1858

AGE 50 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Susie Willis

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Wickens

(Address) 715 Little Green st

Filed 5/9 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1908 to May 9 1908 that I last saw h alive on May 9 1908, and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy —

(Cerebral Hemorrhage).

(DURATION) — DAYS

Contributory (Primary.) Paralysis 2

(DURATION) 3 DAYS

(Signed) H H Tate M.D.

Address Bacl City Hospital

Date May 9 1908

Place of Burial Mt Auburn Cemetery

Date May 11 1908

Undertaker Charles Burkett

Address 502 Bloom 20

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12061
64

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 711 Edmondson ave St.,..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F. Maisch

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR white

DATE OF BIRTH August (Month) 23 (Day) 1830 (Year)

AGE 77 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frederick Maisch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown to children.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Maisch

(Address) 711 Edmondson ave

Filed 5/9 1908

HARRY C. ANDREAS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 8th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to May 7th 1908 that I last saw him alive on May 7th 1908, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Apoplexy, first attack two years ago, second April 27th 3d May 7th. (DURATION) 11 DAYS

Contributory

(DURATION) DAYS

(Signed) J. John Vassalli M. D.

May 8th 1908 (Address) 649 N. Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	5/11 1908
UNDERTAKER	ADDRESS
G. F. Strauss	725 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 14 C12062 Registered No. B C12062

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 622. W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth. S. Greene

{Residence, if in Baltimore, Give Street and Number.} 622 W. Fayette St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH unknown 1

AGE about 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thos. H. Stockin

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eliza Butler

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Bonner

(Address) 622 W. Fayette St

Filed 5/9" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to May 9 1908 that I last saw her alive on May 8 1908 and that death occurred, on the date stated above, at 9.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) DAYS

Contributory (Primary) — —

(DURATION) DAYS

(Signed) E. Miller Rud, M.D.

Address 934 N. Fremont Ave

Date May 9 1908

Place of Burial Loudon Park

Date May 11th 1908

Undertaker G. F. Walker

Address 723 W. Saf. ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C12063

C12063

Ward 16 Registered No. B

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 1144 N Carrollton ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry A. Winter

{Residence, if in Baltimore, Give Street and Number.} 1144 N. Carrollton ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan 11th 1872
AGE	36 years, 3 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Wm. C. Winter
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Emma R. Newman
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Insurance Agt

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa A. Crouch

(Address) 726. N. Carey St.

Filed 5/9" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 7th 1908

I HEREBY CERTIFY, That I attended deceased from Apl 29 1908 to May 7 1908 that I last saw h living on May 7 1908 and that death occurred, on the date stated above, at 6.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

(DURATION) DAYS

Contributory (Primary) Abscess of Brain (DURATION) DAYS

(Signed) Sinnar & Hill M.D.

Address 610 N. Smith ave

Date May 9th 1908

Place of Burial Loudon Park

Date May 10th 1908

Undertaker G. A. Maund

Address 723 W. Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 10 C12064 Registered No. B C12064

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1119 Parish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelius Hamilton

{Residence, if in Baltimore, Give Street and Number.} 1119 Parish alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Jan. 24th 1907

AGE: 1 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Hamilton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Alva Tolson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hamilton

(Address) 1107 Vincent st.

Filed 5/10 1908

HARRY O. ANDREWS, Registrar
PARISH CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 21 DAYS

Con'ributory (Primary.) Cold or measles

(DURATION) DAYS

(Signed) Alva Bowden M.D.

Address 700 E. 25. ave. (Canton)

Date May 9th 1908

Place of Burial Mt. Auburn Cem

Date May 10th 1908

Undertaker Sam'l H. Hazelton

Address 1400 Hughes St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C12065

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

C12065

City of Baltimore, (No. 1137 Woodyear St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Etta Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Col

DATE OF BIRTH: July (Month) 19 (Day) 1907 (Year)

AGE: ..... years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alfred Bell

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Annie Wells

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bell

(Address) 1137 Woodyear

Filed 5/10 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 26 1908 to May 8 1908

that I last saw her alive on May 7 1908

and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH was as follows:

malnutrition

Several Months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Germain S. Evans M. D.

May 8 1908 (Address) 833 N. Fulton av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: May 10 1908

UNDERTAKER: Sam'l H. Frazier & Son ADDRESS: Woodlawn

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C12066 Registered No. B C12066

CERTIFICATE OF DEATH.

132

(Place of Death.) No. 308 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name (Hanna) Griffin

{ Residence, if in Baltimore, Give Street and Number. } 308 W. Biddle St

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt city

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER Mary Anderson

BIRTHPLACE OF MOTHER (State or country) Balt City

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) anna anderson

(Address) 308 W. Biddle st

Filed 5/10 190 8 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 190 8

I HEREBY CERTIFY, That I attended deceased from May 3 190 8 to May 9 190 8

that I last saw her alive on May 8 190 8

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pyosalpinx

(DURATION) 150 DAYS

Contributory (Primary.) Peritonitis

(DURATION) 42 DAYS

(Signed) R. Ott L. Blake M.D.

Address 520 Cathedral St.

Date 190

Place of Burial Mount auburn

Date May 10 190 8

Undertaker John H Owens & Son

Address 1222 Bunson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 012067

012067

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Elizabeth Bonner (Barner)

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Holly, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/10 1908

Registrar HARRY O. ANDREWS, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9th. 1908

I HEREBY CERTIFY, That I attended deceased from April 14 1908 to May 9 1908 that I last saw h-- alive on May 9 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

..... (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma of Uterus (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 9 1908

Place of Burial Sacred Heart.

Date May 10 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C12068

Registered No. B C12068

CERTIFICATE OF DEATH.

(Place of Death.) No. Providence Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H. King

{Residence, if in Baltimore, Give Street and Number.} 605 W. Biddle St

Duration of Residence in Baltimore. Not known Reply by Undertaker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: colored

DATE OF BIRTH: 1

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Wimsey

(Address) 1221 E. Fayette St.

Filed 5/10 1908 HARRY O. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 8th 1908

I HEREBY CERTIFY, That I attended deceased from May 5th 1908 to May 8th 1908

that I last saw h alive on May 8th 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma Uraemia

Nephritis - Interstitial

(DURATION) DAYS

Contributory (Primary.) Interstitial Nephritis, (DURATION) DAYS

(Signed) W. Wimsey M.D.

Address 1220 E. Fayette St

Date May 8th 1908

Place of Burial Laurel Cemetery

Date May 11th 1908

Undertaker Alex. H. Emsley

Address 578 W. Biddle Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C12069

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

28

C12069

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 426, E. 26th St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie E Farwood

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: June (Month) 19 (Day) 1879 (Year)

AGE: 28 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John A Farwood

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary S Bull

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E E Farwood

(Address) 2008 Barclay St.

Filed 5/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ~~Apr~~ May (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 21 1908 to 7 May 1908

that I last saw h[er] alive on May 7 1908,

and that death occurred, on the date stated above, at 4-45 A. M. The CAUSE OF DEATH was as follows:

Tuberculor Meningitis

(DURATION) 16 DAYS

Contributory Coma - Convulsions etc

(DURATION) ..... DAYS

(Signed) J H Sadler. M. D.

May 8 1908 (Address) 2631 N Rd.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: May 10th 1908

UNDERTAKER: A F Phelbin

ADDRESS: 1711 McCan

WM. J. C. DULANY CO., BALTIMORE

Ward 17 C12070 Registered No. B C12070

CERTIFICATE OF DEATH. 78

(Place of Death.) No. 1732 Maryland ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John C Klinke

{Residence, if in Baltimore, Give Street and Number.} 1732 Md. ave.

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wht

DATE OF BIRTH: Feb 8th 1856

AGE: 52 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Alexander Klinke

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Annie Smith

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Drug clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie R Klinke

(Address) Sparrows Point Md

Filed 5/10 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9. 1908

I HEREBY CERTIFY, That I attended deceased from — 1907 to May 9 1908 that I last saw him alive on May 8 1908, and that death occurred, on the date stated above, at 8.40 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

(DURATION) — DAYS

Contributory (Primary.) Chr. Endocarditis (DURATION) — Years

(Signed) E. A. Hayward M.D.

Address 1230 N. Carrolling St.

Date 5-9. 1908

Place of Burial Washington Lot

Date May 11th 1908

Undertaker Albert F Philbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20

C12071 Registered No. B C12071

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 24 Marriott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Albert Miller

{Residence, if in Baltimore, Give Street and Number.} 24 Marriott Hotel

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 3rd 1865

AGE: 43 years, 2 months, 5 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Galveston Tex

FULL NAME OF FATHER: Hartman Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Ogle

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fannie Miller

(Address) 24 Marriott Str.

Filed 5/10 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1908

I HEREBY CERTIFY, That I attended deceased from March 24th 1908 to May 8th 1908 that I last saw him alive on May 4th 1908, and that death occurred, on the date stated above, at 7.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Nephritis - Acute Phthisis Pulmonalis - (DURATION) about 90 DAYS

(Signed) John G. Holliday M.D.

Address 714 Frederick ave

Date May 9th 1908

Place of Burial Cathedral Cem

Date May 11 1908

Undertaker Jos B. Cook

Address 1003 N Bacto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore

Ward 13

C12072

Registered No. B C12072

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 Blucher Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Bull

{Residence, if in Baltimore, Give Street and Number.} 830 Blucher Ave

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 3rd 1840

AGE: 67 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Owen Tracey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna Cooper

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Cynthia Tracey

(Address) 830 Blucher Ave

Filed 5/10 1908 CLERK OF [illegible] PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to May 8 1908 that I last saw h[illegible] alive on May 8 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

2 yrs (DURATION) DAYS

Contributory (Primary.) C

(DURATION) DAYS

(Signed) D.r Smith M.D.

Address 2116 - 3 1/2 Ave

Date May 9th 1908

Place of Burial Baptist Cemetery Hereford. Balto. Co. Md

Date May 11 1908

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C12073 Registered No. B C12073

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 115 Hughes St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Louisa Butler

{ Residence, if in Baltimore, Give Street and Number. } 115 West Hughes St

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Feby. 17th 1905

AGE: 3 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Butler

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nellie Sumwalt

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Butler

(Address) 115 W Hughes St

Filed 5/10 1908

Registrar

NANCY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) Meningitis

Brain Tumor ? (DURATION) ..... DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date May 9 1908

Place of Burial Mt auburn Cem

Date May 10 1908

Undertaker W. Z. Brown & Son

Address 108 N Monroe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12074

Ward ..... Registered No. B C12074

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Valentine Lancaster

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 19. 1855

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cabinet - maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Mechlinski

(Address) 608 S Bond St

Filed

May 10 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9 — 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to May 9 1908 that I last saw h in alive on May 9 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Phthisis (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View Hospital

Date May 9 — 1908

Place of Burial Holy Rosary

Date May 11 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12075

City of Baltimore, (No. 457 Turner Place St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie Wilbourn Hoffman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: Oct 6 (Month) (Day) 1894 (Year)
AGE: 13 years, 7 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): Baltimore Md
FULL NAME OF FATHER: Jefferson D Hoffman
BIRTHPLACE OF FATHER (State or country): Baltimore
MAIDEN NAME OF MOTHER: Gertrude Wilbourne
BIRTHPLACE OF MOTHER (State or country): Wash D.C.
OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jefferson D Hoffman
(Address) 457 Turner Place

Filed May 10 1908
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 1898 ~~190~~ to May 9th 1908 that I last saw h er alive on May 7th 1908 and that death occurred, on the date stated above, at 7.45 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

probably to my knowledge about 6 mos
probably years (DURATION) DAYS
Contributory Ascites
5 or 6 months (DURATION) DAYS

(Signed) Gilmanton Evans M. D.
May 9th 1908 (Address) 833 N Fulton Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 11 1908
UNDERTAKER	ADDRESS
Wm Cook	802 E Monument

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT

Ward 5

C12076

Registered No. B C12076

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Sakanski No 2

{Residence, if in Baltimore, Give Street and Number.} 1116 Lorraine.

Duration of Residence in Baltimore. 6 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: Wh.

DATE OF BIRTH: May 3 1908

AGE: ....years, ...months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto -

FULL NAME OF FATHER: Abraham Sakanski

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Sakanski

(Address) 1116 Lorraine St

Filed 5/10 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 9 1908 that I last saw h er alive on May 9 1908, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.) Premature Twin Baby. (DURATION) DAYS

(Signed) Wm D Pancoast M.D.

Address Johns Hopkins Hosp.

Date May 10 - 1908

Place of Burial Howard Woodlawn

Date May 1908

Undertaker Hart & Lawrence

Address 1620 Pine & Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C12077

Ward 11 C12077 Registered No. B

CERTIFICATE OF DEATH. 18

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harvey Johnson

{Residence, if in Baltimore, Give Street and Number.} ~~Goldsboro~~ Guinsboro Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR Black.

DATE OF BIRTH March 1908

AGE 9 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Johnson Jr

(Address) Guinsboro Md.

Filed 5/10" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK,

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 / 10 1908

I HEREBY CERTIFY, That I attended deceased from 3-25- 1908 to 5-10- 1908

that I last saw him alive on 5-10 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilitation (Myocarditis).

(DURATION) 10 DAYS

Contributory (Primary.) Endocarditis

(DURATION) 80 DAYS

(Signed) J. H. Bird M.D.

Address University Hosp

Date May 10 1908

Place of Burial Carline Guinsboro, Md

Date May - 11 - 1908

Undertaker ~~Sherwood~~ & Mowen Co

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible]

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Between North Point Rd & Seven Foot Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Tyson

{ Residence, if in Baltimore, Give Street and Number. } Melvale. Balto. Co. Md.

Duration of Residence in Baltimore.

C 12078

PERSONAL AND STATISTICAL PARTICULARS

SEX [illegible] Male. | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Sykesville Md.

FULL NAME OF FATHER James M. Tyson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth Dawson

BIRTHPLACE OF MOTHER (State or country) Philadelphia

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Columbus C. Lee

(Address) Melvale. Balto. Md

Filed 5/10 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320½ Greene St.

Date May 10 — 1908

Place of Burial Friends Cemetery - Harford Rd

Date May 11 — 1908

Undertaker Henry W. Jenkins & Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C12079 Registered No. B C12079

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 1045 Ridgely St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Helen Rosen

{Residence, if in Baltimore, Give Street and Number.} 1045 Ridgely St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 30 1907

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Louis Rosen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Katie Goldstein

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Goldstein

(Address) 1805 E Fayette St

Filed 5/11 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10, 1908

I HEREBY CERTIFY, That I attended deceased from May 8, 1908 to May 10, 1908 that I last saw her alive on May 10, 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Sumpkins M.D.

Address 853 Columbia Ave.

Date May 10, 1908.

Place of Burial Elkins Washington Co. Md.

Date May 11, 1908

Undertaker Max Leizman

Address 1620 Eldern St

Funeral May 11 - 10 a.m.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C12080 Registered No. B C12080

21

CERTIFICATE OF DEATH.

(Place of Death.) No. 436 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate E. Taylor

{ Residence, if in Baltimore, Give Street and Number. } 436 E. Hoffman

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 31 1826.

AGE 81 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow. —

BIRTHPLACE (State or country) Balto Co. Md

FULL NAME OF FATHER Wm Jamesson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Katherine McElfish

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Albertine Brenner

(Address) 436 E. Hoffman

Filed 5/11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10th 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to May 10th 1908 that I last saw h[er] alive on May 10th 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cause of Insanity

(DURATION) 3 DAYS

Contributory (Primary.) Pellagra

Lobar pneumonia (DURATION) 10 days

(Signed) Henry Brenner M.D.

Address 1007 Cathedral St

Date May 10th 1908 190

Place of Burial Mt Olivet Cem.

Date May 12 08 190

Undertaker John Cook

Address 502 E Hoffman

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C12081 Registered No. B C12081 99

CERTIFICATE OF DEATH.

(Place of Death.) No. Hoffman and St. Bet. Howard & Eutaw Place RF St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. H. Moore

{Residence, if in Baltimore, Give Street and Number.} 525 Hoffman av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: [illegible] 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry C. Moore

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Dorsey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Moore

(Address) 525 W Hoffman St

Filed 5/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hemorrhage

due to ..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm Barton M.D.

Address 700 Lafayette av. (Corner)

Date May 10th 1908

Place of Burial Mt Auburn Cem

Date May 12th 1908

Undertaker Alex Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 4

C12082 Registered No. B C12082

81

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joe. Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Peaker (Peake)

{Residence, if in Baltimore, Give Street and Number.} — Balt. Co. Md.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: —

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edward Peaker

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Hill

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Holland

(Address) 1128 N. Argyle Ave

Filed 5/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 10 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to May 10 1908 that I last saw h— alive on May 10 1908, and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Meningeal Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary) Asthenia - senilis (DURATION) 1 year DAYS —

(Signed) J. J. Cowan M.D.

Address St. Joseph Hospital

Date May 10 1908

Place of Burial Gratehaw, Harford Co. Md.

Date May 13" 1908

Undertaker Alex Hemsley

Address 778 W. Baltimore St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C12083 Registered No. B C12083

CERTIFICATE OF DEATH. 104

(Place of Death.) No. Crittenden Home 837 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Caplinger

{Residence, if in Baltimore, Give Street and Number.} 837 Hollins st

Duration of Residence in Baltimore.. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 14 1908

AGE ..... years, 1 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER Jessie Caplinger

BIRTHPLACE OF MOTHER (State or country) W. Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Brown

(Address) 837 Hollins St

Filed 5/11 1908 HARRY C. ANDERSON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to May 10th 1908 that I last saw her alive on May 8th 1908, and that death occurred, on the date stated above, at 6.30 a m. CAUSE OF DEATH (Secondary or Immediate)

General debility

(DURATION) DAYS

Contributory (Primary.) Indigestion

(DURATION) DAYS

(Signed) Mary Cook Hillis M.D.

Address 810 Hanover St.

Date May 11th 1908

Place of Burial Western Cem

Date May 14th 1908

Undertaker Chas. E. Fraser

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

Dau 87
810 S Hanover

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12084 Registered No. B C12084

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 1743 Mulberry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred. Bantum

{Residence, if in Baltimore, Give Street and Number.} 1743 Mulberry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE X years, 3 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Williams

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jennie Babbitan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Bantan

(Address) 1743 Mulgamer St

Filed 5/11 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ..., and that death occurred, on the date stated above, at 7.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsion.

(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Carruthers M.D.

Address Coroners Med

Date May 10 1908

Place of Burial Leakburn Cemetery

Date May 12 1908

Undertaker R. St. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C12085 Registered No. B C12085

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Saint Agnes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wesley Swann

{Residence, if in Baltimore, Give Street and Number.} 513 Rogers Av.

Duration of Residence in Baltimore. L. Swann

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B.

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Lab-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 5/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 — 1908

I HEREBY CERTIFY, That I attended deceased from April 7 1908 to May 8 1908

that I last saw h[illegible] alive on May 8 1908,

and that death occurred, on the date stated above, at 5 9 M. CAUSE OF DEATH (Secondary or Immediate)

Broken Compound
Femur.

(DURATION) — DAYS

Con ributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Balt City Hosp

Date May 8 — 1908

Place of Burial Mt. Zion

Date May 11 1908

Undertaker R. G. Elliott

Address 506 Rogers Av

WM. J. [illegible] CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name*, sex, **age**, *condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C12086 Registered No. B C12086

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 N. Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Eliz Wallace

{Residence, if in Baltimore, Give Street and Number.} 806 N. Front St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jas Wallace

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Francis Kent

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Wallace

(Address) 806 N. Front St

Filed 5/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 10 - 1908 died ud

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190,

and that death occurred, on the date stated above, at 4 a.

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Wiley Turner M.D.

Address 1639 Bond Ave

Date May 10 1908

Place of Burial Mt Ayr Cemetery

Date May 12 1908

Undertaker R. A. Clint

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C12087 Registered No. B C12087

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 953. N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah Trahey

{ Residence, if in Baltimore, Give Street and Number. } 953. N. Washington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: Sept 12 1853

AGE: 54 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Trahey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Kelly.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Vance

(Address) 953 N. Washington

Filed 5/11 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 10 1908

I HEREBY CERTIFY, That I attended deceased from March 4th 1908 to May 11th 1908

that I last saw h— alive on May 11 1908,

and that death occurred, on the date stated above, at 12 a. m. CAUSE OF DEATH (Secondary or Immediate.)

General Debility

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. S. Fisher M.D.

Address 9. E. Biddle St

Date May 10th 1908

Place of Burial New Cathedral

Date May 12 1908

Undertaker Robt J. Timus

Address 1712 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C12088

64

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12088

City of Baltimore, (No. 1213, N Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John C McElwee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 28 (Day) 1852 (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Wm McElwee

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Nancy Clendenin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Picture Frame Manufr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Pelticord

(Address) 1213 N. Broadway

Filed 5/11 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to May 8 1908 that I last saw him alive on May 8 1908, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Apoplexy

3rd attack (DURATION) 2 DAYS

Contributory Exhaustion

4 years (DURATION) ... DAYS

(Signed) A W Macdonald M. D.

May 10 1908 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: May 12 1908

UNDERTAKER: Robt J Turner — ADDRESS: 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C12089 — Registered No. B C12089

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1217 E. Alvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella A. Mooney

{Residence, if in Baltimore, Give Street and Number.} 1217 E. Alvin

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR W

DATE OF BIRTH Sept 10 1884

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John J. Mooney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anna M. Cullen

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Mooney

(Address) 1217 E Alvin

Filed 5/11 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1908

I HEREBY CERTIFY, That I attended deceased from March 6 1908 to May 9 1908

that I last saw h-er alive on May 7 1908

and that death occurred, on the date stated above, at 6 9 — M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis —

3 mos — (DURATION) DAYS

Contributory (Primary.) Sepsis —

(DURATION) DAYS

(Signed) J C Monroe M.D.

Address 1258 Bk —

Date May-10- 08 1908

Place of Burial New Cathedral

Date May 12 1908

Undertaker Ralph J Turner

Address 1XX2 N. Gay,

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C12090 Registered No. B C12090

CERTIFICATE OF DEATH. 9

(Place of Death.) No. 106 S Callender St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Helen Irene Spink

{ Residence, if in Baltimore, Give Street and Number. } 106 S Callender St

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 27th 1895

AGE: 13 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Spink

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Augusta Nau.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Christina Spink.

(Address) 106 S Callendar St.

Filed 5/11 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 10 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 10 1908

that I last saw her alive on May 10 1908

and that death occurred, on the date stated above, at 10 30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Blood Poisoning

(DURATION) 2 DAYS

Contributory (Primary) Septicaemia

(DURATION) 2 DAYS

(Signed) J. P. Wilson M.D.

Address 1735 Stiles St

Date May 10, 1908

Place of Burial London Park

Date May 11th 1908

Undertaker Jno. Levin Sons & Son

Address 647 W. Pratt St

3 P. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 17

C12091

Registered No. B C12091

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Elm Place — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Joseph and Mary ~~Baby~~ Lewis.

{ Residence, if in Baltimore, Give Street and Number. } 912 Elm Place-

Duration of Residence in Baltimore. 6 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: May 4 — 1908

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Joseph Lewis

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Mary Morgan.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Lewis

(Address) 912 Elm Place

Filed 5/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 9 — 1908

I HEREBY CERTIFY, That I attended deceased from May 4 — 1908 to May 9 — 1908, that I last saw h[illegible] alive on May 9 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Imitations

(DURATION) ✓ DAYS

Contributory (Primary.) Hereditary Syphilis.

(DURATION) 6 DAYS

(Signed) Joseph L. Valentine M.D.

Address 622 W Lanvale St

Date May 9 — 1908

Place of Burial Laurel (T) ✓

Date May 12 — 1908

Undertaker L. L. Brown's Son

Address 108 N Mount — St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12092 Registered No. B C12092

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 422 Richardson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann H. Sommers

{Residence, if in Baltimore, Give Street and Number.} 1422 Richardson St.

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH July 3 1905

AGE 3 years, 10 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Michigan

FULL NAME OF FATHER Albert Sommers

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Meyer.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann H. Sommers

(Address) 1422 Richardson St

Filed 5/11 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1908

I HEREBY CERTIFY, That I attended deceased from April 7th 1908 to April 28 1908

that I last saw h.r alive on April 28 1908

and that death occurred, on the date stated above, at 11 30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Meningetis

(DURATION) 21 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Singewald M.D.

Address 5 N. Washington St.

Date May 10th 1908

Place of Burial Emanuel Cemetery

Date April 11 1908

Undertaker Louis Hermann

Address 32 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C12093

C12093 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1921 Gough St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lisetta A. Wade

{Residence, if in Baltimore, Give Street and Number.} 1921 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Nov 21st 1906

AGE 1 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry Wade

BIRTHPLACE OF FATHER (State or country) M. A. Co

MAIDEN NAME OF MOTHER Louise Lowensen

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr H. Wade

(Address) 1921 Gough St

Filed 5/11 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10th 1908

I HEREBY CERTIFY, That I attended deceased from May 3rd 1908 to May 10th 1908

that I last saw her alive on May 9 1908.

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Congestion & Bronchi & Lungs (Septic)

(DURATION) DAYS

Contributory (Primary) Staphylococcus infection Throat (DURATION) DAYS

(Signed) Albertus Collins M.D.

Address 1828 E Balto

Date May 11th 1908

Place of Burial Cedar Hill Cem

Date May 12th 1908

Undertaker W. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Not Sc. fever Cert.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C12094 — Registered No. B C12094

176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1434 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benj. F. Love

{Residence, if in Baltimore, Give Street and Number.} 1434 Jackson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 11 1908

AGE: — years, — months, few Minutes days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or couutry): Balto City

FULL NAME OF FATHER: Jerome D Love

BIRTHPLACE OF FATHER (State or country): Westmoreland Co Va

MAIDEN NAME OF MOTHER: Mary J. Dean

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jerome D Love

(Address) 1428 Jackson

Filed 5/11 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from 5/11 1908 to 5/11 1908

that I last saw h— alive on 5/11 1908

and that death occurred, on the date stated above, at 6 a M.

CAUSE OF DEATH (Secondary or Immediate.)

Dyspnoea
lived few minutes

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Templeton M.D.

Address 1432 E Fort Ave

Date 5/11 1908

Place of Burial Holy Cross R.C.

Date May 11 1908

Undertaker J. J. Edwards & Son

Address 1432 Hillsdale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C12095 Registered No. B C12095

CERTIFICATE OF DEATH.

(Place of Death.) No. 1903 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Borton

{Residence, if in Baltimore, Give Street and Number.} 1925 Brunt St.

Duration of Residence in Baltimore. always.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: C

DATE OF BIRTH: Feb. 29th 1908

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Borton

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sadie Williams

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/11 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to May 1st 1908 that I last saw him alive on May 1st 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia.

..... (DURATION) ..... DAYS.

Contributory (Primary.) Low vitality

always (DURATION) ..... DAYS

(Signed) L. M. Allen M.D.

Address 2342 Pennsylvania.

Date May 8th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 9 1908

Undertaker .....

Address .....

Commissioner Health.
per Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9/3

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C12096 Registered No. B C12096

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Washington

{ Residence, if in Baltimore, Give Street and Number. } 114 Rogers Av.

Duration of Residence in Baltimore. 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR B

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) N C.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 5/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9- 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 27 1908 to May 9 1908

that I last saw h[illegible] alive on May 9 1908,

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

C. Heart Disease.

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) W. H. Welch M.D.

Address Balto City Hosp.

Date May 9- 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date May 9 1908

Undertaker Commissioner Health.

Per Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

47

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C12097 — Registered No. B C12097

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 2311 E. Biddle St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah E. Erich

{Residence, if in Baltimore, Give Street and Number.} 2311 E. Biddle st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1842

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Holland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Louis Erich

(Address) 2311 E. Biddle St

Filed 5/11, 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th, 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to May 9th, 1908

that I last saw her alive on May 8th, 1908,

and that death occurred, on the date stated above, at 3:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Dilatation and Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Arteria Sclerosis

(DURATION) 30 DAYS

(Signed) Albert G. Swinyard M.D.

Address 1503 E. North Ave.

Date May 10th, 1908

Place of Burial Woodlawn Cemetery

Date May 12th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12098

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12098

City of Baltimore, (No. 421 Fork Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Mary Joyce.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May (Month) 8 (Day) 1888 (Year)

AGE 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Baltimore County

FULL NAME OF FATHER Thomas Higdon.

BIRTHPLACE OF FATHER (State or country) Baltimore City.

MAIDEN NAME OF MOTHER Fannie Price

BIRTHPLACE OF MOTHER (State or country) England.

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Joyce

(Address) 421 Fork Lane

Filed 8/11 1908 MARY C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 6th 1908 to May 8th 1908.

that I last saw her alive on May 8 1908.

and that death occurred, on the date stated above, at 9.40 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 2 DAYS

Contributory Status Epilepticus

(DURATION) 24 DAYS

(Signed) Henry Waldschmidt M. D.

May 8 1908 (Address) 923 Lenderman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mount Olivet Cemetery | DATE OF BURIAL May 11 1908

UNDERTAKER Ward & Margt S. Taylor | ADDRESS 42 & West St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C12099 Registered No. B C12099 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1348 E Fort av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Stanley

{ Residence, if in Baltimore, Give Street and Number. } 1348 E Fort av

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White.

DATE OF BIRTH July 14 1858

AGE 49 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Bartholemew Joyce

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Clonnan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos L. Stanley

(Address) 1348 E Fort av

Filed 5/11 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1908

I HEREBY CERTIFY, That I attended deceased from 5/9 1908 to 5/9 1908 that I last saw h[illegible] alive on 5/9 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

5 hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. J. Turlington M.D.

Address 1348 E Fort av

Date 5/9 1908

Place of Burial Cathedral Cem

Date May 12th 1908

Undertaker Daniel and M'D Flynn

Address 42 East Mt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C12100 Registered No. B C12100

CERTIFICATE OF DEATH. 159

(Place of Death.) No. 914 Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Bergsley

{Residence, if in Baltimore, Give Street and Number.} 914 Potomac St.

Duration of Residence in Baltimore. 24 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 9 1863

AGE 44 years, 6 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Boiler Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pauline Bergsley.

(Address) 914 S. Potomac St.

Filed 5/11 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by pistol

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudlow Cann M.D.

Address 3202 Huron St.

Date ....190....

Place of Burial Mt. Carmel Cemetery

Date May 12 190 8

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue.
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12101

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12101

Registered No. B.....

City of Baltimore, (No 1823, W. Balto. St., St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. L. Rathell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 5 (Day) 1833 (Year)

AGE: 75 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Not Known Rathell

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mason

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rhulet Liddemayer

(Address) 1823 W. Balto St.

Filed 5/11 1908

MARY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apl 13 1908 to May 10 1908 that I last saw h— alive on May 9 1908, and that death occurred, on the date stated above, at 1.15 a. m. The CAUSE OF DEATH was as follows:

Bright's

(DURATION) 2 DAYS

Contributory Dysentery

(DURATION) 20 DAYS

(Signed) DR. J. WM. FUNCK, M. D.

MAY 11 1908 (Address) 101 N. FULTON AVENUE.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: May 12 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1103 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

20

012102

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

012102

General German Aged Home Registered No. B .....

City of Baltimore, (No. Baltimore & Payson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Marzuck

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June (Month) 8 (Day) 1832 (Year)

AGE 75 years, 11 months, 2 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Insterburg East Prussia

FULL NAME OF FATHER Christian Marzuck

BIRTHPLACE OF FATHER (State or country) Prussia

MAIDEN NAME OF MOTHER Christine —

BIRTHPLACE OF MOTHER (State or country) Prussia

OCCUPATION OF DECEASED Scissors Grinder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Records of German Home

(Address) Balto & Payson Sts

Filed 5/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 10th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1908 to May 10th 1908 that I last saw him alive on May 10th 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Uraemic coma, Kidney disease.

(DURATION) 40 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) A. F. Reinhard M. D.

May 10 1908 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Western | DATE OF BURIAL May 11 1908

UNDERTAKER Jos B. Cook | ADDRESS 103 W Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C12103 Registered No. B C12103

CERTIFICATE OF DEATH. 93

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo Foulke

{Residence, if in Baltimore, Give Street and Number.} 18 Rail Road Av

Duration of Residence in Baltimore. 5 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Sept 1 1862

AGE 45 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo Foulke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) U S

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/11 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1908

I HEREBY CERTIFY, That I attended deceased from April 3 1908 to May 10 1908

that I last saw him alive on May 10 1908,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 10 1908

Place of Burial Cockeysville Md

Date May 11 1908

Undertaker W. S. Thanhardt

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C12104 Registered No. B C12104

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 830 McKim St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Thompson

{ Residence, if in Baltimore, Give Street and Number. } 830 McKim St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: March 1871

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Cornelius Murphy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Hennessey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. her Mark

(Informant) Ann Murphy

(Address) 830 McKim St

Filed 5/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1908 to 9th May 1908 that I last saw her alive on 12th Feby 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 180 DAYS

(Signed) Geo. B. Reynolds M.D.

Address 509 N Charles

Date May 11th 1908

Place of Burial Holy Cross

Date May 12 1908

Undertaker Wm. F. Schaeffer

Address 8 S Front St

WM. J. C. DULANY CO. BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C12105 — Registered No. B C12105

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1720 E. Federal (G) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Granzer

{Residence, if in Baltimore, Give Street and Number.} 1720 E. Federal St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 22nd 1849

AGE: 58 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Granzer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lona Granzer

(Address) 1720 E. Federal St.

Filed 5/11 1908 HARRY C. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9th 1908

I HEREBY CERTIFY, That I attended deceased from August 1907 to May 1908 that I last saw him alive on May 5 1908 and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Heart failure

(DURATION) DAYS

Contributory (Primary) Bright's disease several months (DURATION) DAYS

(Signed) S. C. E. Togle M.D.

Address 1232 North Ave

Date May 9 1908

Place of Burial Balto Cem

Date 5/12/08 1908

Undertaker J. Herwig & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C12106 Registered No. B C12106

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1843 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles M. Ford.

{Residence, if in Baltimore, Give Street and Number.} 1843 Ramsay

Duration of Residence in Baltimore. Entire time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 4 1906

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas. Ford

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Cordelia Jeffrey

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Chas. Ford

(Address 1843 Ramsay St

Filed 5/11 1908

HARRY O. ANDREWS, Registrar
FIRST CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to May 10 1908 that I last saw h-- alive on May 11 1908 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Walter A. Lee M.D.

Address 543 Fulton Ave

Date ..... 190..

Place of Burial Harmans Md

Date May 11 1908

Undertaker W. J. Gulany Co

Address Carlton Ave

WM. J. C. GULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, City of Baltimore.

Ward C12108 Registered No. B

CERTIFICATE OF DEATH. C12108 27

(Place of Death.) No. 243 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William S. Cohen

{Residence, if in Baltimore, Give Street and Number.} 243 S. Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 28th 1879

AGE: 28 years, 7 months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo. P. Cohen

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah E. Thompson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Cohen

(Address 243 S. Bond St

Filed 5/11 1908 HARRY C. ARDMAN Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 10 1908 190

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to May 10 1908

that I last saw h.. alive on May 9 1908,

and that death occurred, on the date stated above, at 2.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) 6 months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date MAY 10 1908 190

Place of Burial Mt. Carmel. Cem.

Date MAY 12 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C12107 Registered No. B C12107

50

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William G Lorsen

{Residence, if in Baltimore, Give Street and Number.} 1815 E. Madison st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 1

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William G. Lorsen

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sarah E. Patterson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Lorsen

(Address) 1815 E Madison st

Filed 5/11 1908. HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 10 1908 190

I HEREBY CERTIFY, That I attended deceased from Mar. 12th 1908 to May 10th 1908

that I last saw him alive on May 10th 1908,

and that death occurred, on the date stated above, at 11.43 A.M. CAUSE OF DEATH (Secondary or Immediate)

Infection of Rt. Foot.

(DURATION) 60 DAYS

Contributory (Primary.) Diabetis

(DURATION) — DAYS

(Signed) Charles Bagley Jr M.D.

Address Hebrew Hospital

Date May 10 th 1908

Place of Burial Baltimore. Cem.

Date MAY 12 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — Registered No. B C12109

C12109

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 402 N. Duncan Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Klima

{Residence, if in Baltimore, Give Street and Number.} 402 N. Duncan Al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Klima

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Caroline Simanek

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Klima

(Address) 402 N. Duncan

Filed 5/11 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1908 to May 10 1908 that I last saw her alive on May 8 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute tuberculosis
caseous pneumonia
failure

(DURATION) 25 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. C. Rush M.D.

Address 1100 E. Baltimore

Date May 11 1908

Place of Burial Holy Redeemer

Date May 12 1908

Undertaker Grant Brach & Son

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 Registered No. B C1210

101

CERTIFICATE OF DEATH.

(Place of Death.) No. 2107 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J Kalmey

{Residence, if in Baltimore, Give Street and Number.} 2107 E Baltimore

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 10th 1863

AGE: 45 years, — months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John F Kalmey

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elenora L Piters

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Manager Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances L Waynes Sister

(Address) 2107 E Balto st

Filed 5/11 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 — 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May - 10 1908 that I last saw h in alive on May 9 1908 and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris —

1 Wk — (DURATION) DAYS

Contributory (Primary.) Sepsis — (DURATION) DAYS

(Signed) Dr. A. Brown M.D.

Address 125 S Bty —

Date May 10/08 — 1908 √

Place of Burial Greenmount Cemetery

Date May 13th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B C12111

C12111

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Auch Auch

{ Residence, if in Baltimore, Give Street and Number. } Little Sisters of the Poor

Duration of Residence in Baltimore. about 70 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: 1824

AGE: 81 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Peter Weber

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Magdalena Weber

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 5/11 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 11th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[er] alive on May 7 1908,

and that death occurred, on the date stated above, at 1.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

1 week (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date May 11 1908

Place of Burial Holy Redeemer

Date May 12 1908

Undertaker Henry. Hooks & Son

Address 1301 E. E. Eager st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C12112 C12112

Ward 14 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 884 Hampton St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Eloise Bradford

{Residence, if in Baltimore, Give Street and Number.} 884 Hampton St.

Duration of Residence in Baltimore. 4 mos 16 da

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH May 11 1908

AGE ..... years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Accomac Co Va.

FULL NAME OF FATHER Wilbert A Bradford.

BIRTHPLACE OF FATHER (State or country) Accomac, Va

MAIDEN NAME OF MOTHER Elsie Morris

BIRTHPLACE OF MOTHER (State or country) Accomac Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbert Bradford.

(Address) 884 Stampton St.

Filed 5/12" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11, 1908

I HEREBY CERTIFY, That I attended deceased from May 10 1908 to May 11 1908 that I last saw h[illegible] alive on May 11 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 7 DAYS

Contributory. (Primary.) Bronchitis

(DURATION) — DAYS

(Signed) Edw. Short M.D.

Address 537 Robt St.

Date May 11 1908

Place of Burial Laurel Cemetery

Date May 12th 1908

Undertaker Charles H Burkett

Address 502 Bloom st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12113 Registered No. B C12113

CERTIFICATE OF DEATH.

(Place of Death.) No. 2549 Oak St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number

Full Name Addie Moore

{Residence, if in Baltimore, Give Street and Number.} Virginia

Duration of Residence in Baltimore. 3 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 27 years, ? months, ? days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Richard Moore

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizah. Robinson.

(Address) 2549 Oak. St.

Filed 5/12 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h.. alive on ..... 190 ....

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. Sweeney M.D.

Address 1818 N. Charles St.

Date May 10 1908

Place of Burial Keysville Charlotte Co. Va.

Date May. 12th 1908

Undertaker Felix B. Pyle.

Address 102 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C12114

Registered No. B C12114

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1109 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther Braswell.

{Residence, if in Baltimore, Give Street and Number.} 1109 Argyle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Quadroon

DATE OF BIRTH May 30th 1908

AGE ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER — Braswell

BIRTHPLACE OF FATHER (State or country) Bells City

MAIDEN NAME OF MOTHER Bertha Thompson

BIRTHPLACE OF MOTHER (State or country) South Carolina

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. W. Thompson

(Address) 1109 Argyle Ave

Filed 5/12 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5/10 1908

I HEREBY CERTIFY, That I attended deceased from 5/1 1908 to 5/10 1908

that I last saw h— alive on 5/10 1908,

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) About 5 Months (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address Fry Mod. Dep.

Date 5/11 1908

Place of Burial Laurel Cemetery

Date May 12th 1908

Undertaker Felix B. Pise

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 012115

Ward 7 012115 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 918 N. Dallas St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert C. Hemrick

{Residence, if in Baltimore, Give Street and Number.} 918 N. Dallas St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 28 1889

AGE 18 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas. Hemeck

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary L. Shuppy

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED upholster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna. Funk

(Address) 1209 Wilcon St

Filed 5/12 1908 HARRY G. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to May 9 1908 that I last saw h in alive on May 02 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis

one Year (DURATION) DAYS

Contributory (Primary) Heart failure (DURATION) DAYS

(Signed) A. Wegford M.D.

Address 2031 Eutaw Place

Date May 9. 1908

Place of Burial Oak Lawn Cem

Date May 12 tt 1908

Undertaker A. Funk & Son

Address 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C12116 Registered No. B C12116

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1350 Carroll av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Effie Irene Coger

{Residence, if in Baltimore, Give Street and Number.} 1350. Carroll av.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: Mar. 30. 1908

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 5/12 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) Herbert. C Blake M.D.

Address 1014 N. LaFayette Ave

Date May 9. Coroner 1908

Place of Burial JOHNS HOPKINS HOSPITAL MAY 11 1908 190 .....

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C12117 — Registered No. B C12117

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Carter

{ Residence, if in Baltimore, Give Street and Number. } City Hospital

Duration of Residence in Baltimore. 2 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B.

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Hattie Carter.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 — 1908

I HEREBY CERTIFY, That I attended deceased from March 7 1908 to May 9 1908 that I last saw h alive on May 9 1908, and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus —

(DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) H. N. Baker M.D.

Address Balto City Hospital

Date May 11 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 11 1908 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9 151

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C12118

Registered No. B C12118

17r

CERTIFICATE OF DEATH.

(Place of Death.) No. Found floating at Rusteads Wharf St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Don't know

{Residence, if in Baltimore, Give Street and Number.} Don't know

Duration of Residence in Baltimore. Don't know

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Don't know

AGE about 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Don't know

BIRTHPLACE (State or country) " "

FULL NAME OF FATHER " "

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Coroner Otto M Leinhardt

(Address) Southern District

Filed 5/12 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found floating May 6 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190— to ——— 190—

that I last saw him ——— alive on ——— 190—,

and that death occurred, on the date stated above, at ———

———M. CAUSE OF DEATH (Secondary or Immediate)

Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Leinhardt M.D.

Coroner

Address

Date May 11 1908

Place of Burial PUBLIC CEMETERY

Date MAY 11 1908 190—

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address

May 11 08

WM. J. C. DULANY CO., Baltimore.

Body at morgue City to bury CHR

93

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C12119 Registered No. B C12119

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1333 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Kuhn.

{Residence, if in Baltimore, Give Street and Number.} 1333 N. Stricker St.

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Nov 1826

AGE 82 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigar-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Kuhn

(Address) 1333 N. Stricker st

Filed 5/12 1908 HARRY O. ANDRESS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 8 1908 to May 10, 1908 that I last saw him alive on May 10, 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Hemiphlegia

(DURATION) 35 DAYS

(Signed) Albert J. Chambers, M.D.

Address 614 S. Paca St.

Date May 11, 1908

Place of Burial Loudon Park

Date May 12 1908

Undertaker F. A. Kranz & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C12120 Registered No. B C12120 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 S. Carlton. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E Nash

{ Residence, if in Baltimore, Give Street and Number. } 110 S. Carlton.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	years, months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John Nash
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Annie Kelly
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1201 N. Gilmor

Filed 5/12 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

..... (DURATION) ..... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W Lafayette Ave

Date May 11. Coroner 1908

Place of Burial St Peters

Date May 12th 1908

Undertaker John J Fields

Address 1201 N. Gilmor St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. B C12121

C12121

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 20 Lakewood Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest. F Howrth Jr

{Residence, if in Baltimore, Give Street and Number.} 20 Lakewood Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH April 21 1908

AGE — years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Ernest F. Howrth Jr

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Jennie L. Ward

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Howrth

(Address) 20 Lakewood Av

Filed 5/12 1908

HARRY O. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to may 12 1908

that I last saw him alive on 5/9 1908

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis.

(DURATION) 2 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 winton Av

Date may 12 1908

Place of Burial 1st Evangelical Cemetery

Date May 12 - 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 47

C12122 Registered No. B C12122

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fredericka Krude

{Residence, if in Baltimore, Give Street and Number.} Immigrant (City Hospital)

Duration of Residence in Baltimore. Mch 18-08 - May 12-08

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Wr.

DATE OF BIRTH 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher Bro

(Address) S. Gay St

Filed 5/12 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1908

I HEREBY CERTIFY, That I attended deceased from Mch 18 1908 to May 12 1908 that I last saw h[illegible] alive on May 12 1908, and that death occurred, on the date stated above, at 2 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

Acute (DURATION) DAYS

(Signed) J. W. Cohen M.D.

Address City Hospital

Date May 15 1908

Place of Burial Delmar Iowa ~~Evangelical Cem.~~

Date May 13th 1908

Undertaker H. Sauter & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C12123 Registered No. B C12123

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 829 Hanford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kelly

{Residence, if in Baltimore, Give Street and Number.} 829 Hanford ave

Duration of Residence in Baltimore. Fifty-Two Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1848

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Kelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John Kelly

(Address) 829 Hanford ave

Filed 5/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1908 to May 10 1908 that I last saw him alive on May 9th 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Rheumatism.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Pearce M.D.

Address 1230 Druid Hill Ave

Date May 12th 1908

Place of Burial Cathedral Cemetery

Date May 13th 1908

Undertaker Geo. I. Evans

Address 1339 N. Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C12124 Registered No. B C12124

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1324 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jasel Taylor

{Residence, if in Baltimore, Give Street and Number.} 1324 Woodyear st

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1863

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Donielson

BIRTHPLACE OF FATHER (State or country) ..

MAIDEN NAME OF MOTHER ..

BIRTHPLACE OF MOTHER (State or country) ..

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emmora Suter

(Address) 1324 Woodyear

Filed 5/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to May 11 1908 that I last saw him alive on May 10 1908 and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Heart Failure

(DURATION) 30 DAYS

Contributory (Primary.) Heart

(DURATION) 30 DAYS

(Signed) J. H. Kennard M.D.

Address 108 Edgar

Date May 12 1908

Place of Burial Mt. Olivet Cem

Date May 14th 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Washington Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C12125 Registered No. B C12125

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 736 Light St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elyza Ann La Barre

{Residence, if in Baltimore, Give Street and Number.} 736 Light St

Duration of Residence in Baltimore. All Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 3 1824

AGE 83 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Joseph Gregory

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) not known

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Jane Samuel

(Address) 736 Light St.

Filed 5/12 1908 HARRY G. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 11 1908 that I last saw h-er alive on May 11 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 2 hrs DAYS

Con'tributory (Primary.) Cerebral Hemorrhage (DURATION) 2 hrs DAYS

(Signed) J. Pollard LaBarre M.D.

Address 1903 N. North Ave

Date May 11 1908

Place of Burial CEDAR HILL.

Date MAY 13 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore

Ward 4

C12126

Registered No. B C12126

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver P Whalen ~~Whalen~~

{Residence, if in Baltimore, Give Street and Number.} 154 N. Bay St.

Duration of Residence in Baltimore. L.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) —

Filed 5/12 1908

HARRY C. ARBAUGH Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8 — 1908

I HEREBY CERTIFY, That I attended deceased from April 21 1908 to May 8 — 1908

that I last saw h — alive on May 8 1908

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(Heart Disease)

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W T Eaton M.D.

Address Balt City Hospital

Date May 9 — 1908

Place of Burial Mount Olivet Cemetery

Date May 12 1908

Undertaker J Thiendlo

Address 167 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C12127 Registered No. B C12127

93

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Victoria Boston

{Residence, if in Baltimore, Give Street and Number.} 809 Norris Alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: — — —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ringold

(Address) 809 Norris al

Filed 5/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9" 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 9 1908 that I last saw her alive on May 9 1908, and that death occurred, on the date stated above, at 12 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. H. Mcclough M.D.

Address Johns Hopkins Hospital

Date May 10 1908

Place of Burial East View

Date May 13 1908

Undertaker Wm. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C12128 *Registered No. B* C12128

CERTIFICATE OF DEATH. 93

(Place of Death.) *No.* 608 Collett St *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Breitman

{Residence, if in Baltimore, Give Street and Number.} 608 Collett St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Henson

(Address) 608 Collett St

Filed 5/12 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from April 26 1906 to May 11 1908 that I last saw h~~er~~ alive on May 10 1908, and that death occurred, on the date stated above, at 10 30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 15 DAYS

(Signed) Wm Hoskins M.D.

Address 852 W. Baltimore

Date May 11 1908

Place of Burial Mt Union

Date May 14 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore

Ward 14 C12129 Registered No. B C12129 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant Brien

{ Residence, if in Baltimore, Give Street and Number. } St Vincent

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infs Asy

(Address)

Filed 5/12/1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 9 1908

I HEREBY CERTIFY, That I attended deceased from May 9 1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date May 12 1908

Place of Burial New Cathedral

Date May 12 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C12130 Registered No. B C12130

CERTIFICATE OF DEATH. 142

(Place of Death.) No. St. Vincents Inf. Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Kuzdrod.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) B.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 5/12 1908 MARKY OF ARRESTS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 190 to May 10 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Dysaemia

Gangrenous Ulcer of Lower Jaw (DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Balt St

Date May 11 1908

Place of Burial New Cathedral

Date May 12 1908

Undertaker Martin Fahy & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C12131 Registered No. B C12131

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joanna Wagner

{Residence, if in Baltimore, Give Street and Number.} City

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed 5/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) B Martin M.D.

Address

Date May 11 1908

Place of Burial New Cathedral

Date May 12 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. B C12132

C12132

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 414 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Casper Bohmann

{ Residence, if in Baltimore, Give Street and Number. } 414 N. Chapel St.

Duration of Residence in Baltimore. 65 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 1 1824

AGE 84 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bozmann

(Address) 414 N. Chapel st.

Filed 6/12 1908

HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11- 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 11 1908

that I last saw h alive on May 11 1908

and that death occurred, on the date stated above, at 1P M.

M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Con'ributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) H. Blade M.D.

Address 143 N Bway

Date 190

Place of Burial Holy Redeemer

Date May 14 1908

Undertaker Jos. J. Herr

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C12133 — Registered No. B C12133

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 13, S. Curley st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lahmer

{Residence, if in Baltimore, Give Street and Number.} 13, S. Curley st

Duration of Residence in Baltimore. 46 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 69 years, 7 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Bushelman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Lahmer

(Address) 13 S. Curley

Filed 5/12 1908 — HENRY O. ARDINSON, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from April 19 1908 to May 10 1908

that I last saw h[illegible] alive on May 10 1908,

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate

Bronchitis, asphyxia

(DURATION) #1 DAYS

Contributory (Primary.) Phthisis florida

(DURATION) 21 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date May 12 1908

Place of Burial Holy Redeemer

Date May 13 1908

Undertaker Wendell Dippel & Son

Address 330 S. Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C12134 Registered No. B C12134

120

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Price

{Residence, if in Baltimore, Give Street and Number.} 1135 Argyle Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Brooks

(Address) 1107 N Athol Ave

Filed 5/12 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11" 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7 1908 to May 11 1908 that I last saw h~~im~~ alive on May 11 1908, and that death occurred, on the date stated above, at 11 P.M., CAUSE OF DEATH (Secondary or Immediate)

Chronic nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. M. Colough M.D.

Address Johns Hopkins Hospital

Date May 12 1908

Place of Burial Lemmel Cemetery

Date May 13-08 1908

Undertaker J. A. Brooks

Address 1107 N Athol Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C12135 Registered No. B C12135

CERTIFICATE OF DEATH.

(Place of Death.) No. 1236 E. Monument St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian F. Hesse

{ Residence, if in Baltimore, Give Street and Number. } 1236 E. Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 25th 1844

AGE: 63 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frederick Hesse

BIRTHPLACE OF FATHER (State or country): Hanover Germany

MAIDEN NAME OF MOTHER: Caroline F S. Hesse

BIRTHPLACE OF MOTHER (State or country): Saxony Germany

OCCUPATION OF DECEASED: Tin & Sheet Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Emma E. Hesse

(Address) 1236 E. Monument St

Filed 5/12 1908 HARRY C. ANDREWS? PERMIT CLERK? Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11th 1908

I HEREBY CERTIFY, That I attended deceased from May 11th 1908 to May 11th 1908 that I last saw him alive on May 11th 1908, and that death occurred, on the date stated above, at 9.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

Cerebral Apoplexy

A

from 5.30 am to 9.40 am

(DURATION) ^ DAYS

Contributory (Primary.) Apnoea

Asthma Hurry Recorded

(DURATION) DAYS

(Signed) Saml T Walk M.D.

Address 1516 E Preston St

Date Balto May 12th 1908

Place of Burial Baltimore Cemetery

Date May 13th. 1908

Undertaker John B. Spence

Address 1325. N. Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

HEALTH DEPARTMENT, City of Baltimore.

C12136

Registered No. B C12136

CERTIFICATE OF DEATH.

37

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian E. Dixon

{Residence, if in Baltimore, Give Street and Number.} 1624 Vincent St.

Duration of Residence in Baltimore. ~~Life~~ 19 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 1 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Harry E Dixon

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Nan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman st

Filed 5/12" 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 11 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 11 1908 that I last saw h-r alive on May 11 1908, and that death occurred, on the date stated above, at 2 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Et Causation

Contributory (Primary.) Ulcers. (DURATION) 3 DAYS

General Tuberc Indefinite (DURATION) 11 DAYS

(Signed) Geo. R. Jones M.D.

Address 1122 N. Mount St.

Date May 11 1908

Place of Burial Mt Auburn

Date May the 13 1908

Undertaker JAMES H. DENNIS!

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C12137

C12137

Ward 19

Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 535. Sth. Monroe St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary, E. Paulus

{Residence, if in Baltimore, Give Street and Number.} 535. Sth. Monroe St.

Duration of Residence in Baltimore. Life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: June, 28th 1893

AGE: 13 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John Paulus

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Theresa Carle

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Factory - girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Paulus

(Address) 535. Sth. Monroe St.

Filed 5/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May, 10th 1908

I HEREBY CERTIFY, That I attended deceased from May, 1st 1908 to May 10th 1908

that I last saw her alive on May 10th 1908,

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate) Found her with fever and all the symptoms of Pneumonia for (DURATION) 10 DAYS

Contributory (Primary.) when she expired with "Syncope" (DURATION) DAYS

(Signed) Dr. Heckman M.D.

Address 2151. Wiekens Ave

Date May, 11th 1908

Place of Burial New Cathedral

Date May 14" 1908

Undertaker H. S. Fink

Address 2119 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C12138 Registered No. B C12138

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2875 Rayner ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget Buckheimer

{Residence, if in Baltimore, Give Street and Number.} 2875 Rayner ave-

Duration of Residence in Baltimore. abt 51 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby 27 - 1849

AGE 59 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Francis Jordan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Cecelia Duffy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. G. J. Dukehart

(Address) 2875 Rayner ave

Filed 5/12 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1907 to May 10 1908 that I last saw h[illegible] alive on May 8 1908 and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suddenly of Cardiac Asthenia

(DURATION) 10 Weeks

Con[illegible] (Primary.) Bronchitis, Complicating Valv. Heart disease (DURATION) DAYS

(Signed) Henry C. Ode M.D.

Address 1203 W. Fayette st

Date May 11 1908

Place of Burial Cathedral Cemetery

Date May 13, 1908

Undertaker Henry W. Means & Son

Address 865 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C12139 Registered No. B C12139

CERTIFICATE OF DEATH. 97

(Place of Death.) No. 1521 Myrtle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. H. Baerd.

{ Residence, if in Baltimore, Give Street and Number. } 1521 Myrtle Ave.

Duration of Residence in Baltimore. 22 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH April 23 1848

AGE 60 years, months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed.

BIRTHPLACE (State or country) Hanover Pa.

FULL NAME OF FATHER Simon Baerd.

BIRTHPLACE OF FATHER (State or country) Hanover Pa.

MAIDEN NAME OF MOTHER Clenoma Fisher

BIRTHPLACE OF MOTHER (State or country) Hanover.

OCCUPATION OF DECEASED Cigar Packer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Sue E Slagle

(Address) 1521 Myrtle ave

Filed 5/12 1908 HARRY, O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to May 10 1908 that I last saw h im alive on May 10 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laundant

(DURATION) 60 DAYS

Contributory (Primary.) Asthma

(DURATION) 60 DAYS

(Signed) E. E. Edwards M.D.

Address 834 Monroe St

Date May 11, 1908

Place of Burial Hanover Pa

Date May 13th 1908

Undertaker John E Hoff Co

Address 1427 Penna av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C12140

Ward 7 C12140 Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 2303 E Madison St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William A Price

{Residence, if in Baltimore, Give Street and Number.} 2303 E Madison St

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Nov 30 1834

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Price

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella Meisti

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C Price

(Address) 2303 E Chase St

Filed 5/13 1908 NANNY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1908 to May 11 1908

that I last saw h alive on May 11 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

General Asthenia

(DURATION) 4 DAYS

Contributory (Primary) Squamous Carcinoma of Stomach & Liver (DURATION) 90± DAYS

(Signed) Alvin B. Lemmon M.D.

Address 742 N. Patterson Park Ave

Date May 12 1908

Place of Burial Cathedral Cemetery

Date May 13th 1908

Undertaker Wm. J. Schaeffer & Son

Address # 8 South Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C12141 — Registered No. B C12141

CERTIFICATE OF DEATH. 9

(Place of Death.) No. 407 S Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Delorta

{Residence, if in Baltimore, Give Street and Number.} 407 S. Exeter St.

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 7 years, 1 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Antonio Delorta

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonio Delorta

(Address) 407 S. Exeter St.

Filed 5/13" 1908

HARRY C. [illegible] Registrar,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12 1908

I HEREBY CERTIFY, That I attended deceased from May 10 190 to May 12 190 8

that I last saw h[illegible] alive on May 12 190 8,

and that death occurred, on the date stated above, at P.M.

CAUSE OF DEATH (Secondary or Immediate)

Septicemia Cmp

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Address 16 S Bond

Date May 12 1908

Place of Burial Holy Rosary Cem.

Date May 13th 1908

Undertaker Wendell Lippert Son

Address 330 S. Bond St.

Funeral May 13" at 8 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C12142

Ward ..... C12142 Registered No. B .....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 922 Robinson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lenora Burns

{Residence, if in Baltimore, Give Street and Number.} 922 Robinson st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: May 9th 1908

AGE: — years, — months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Burns

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: Lenora Seaton

BIRTHPLACE OF MOTHER (State or country): Balt.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Burns

(Address) 922 Robinson St

Filed 5/13" 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12, 1908

I HEREBY CERTIFY, That I attended deceased from May 9, 1908 to May 12, 1908 that I last saw her alive on May 12, 1908 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) Life DAYS

Con'tributory (Primary.) Inanition

(DURATION) Life DAYS

(Signed) David W. Jones M.D.

Address 3116 Dillonville Pl

Date May 12, 1908

Place of Burial Mt. Carmel Cem.

Date May 13 1908.

Undertaker Wendell Dippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 10 C12143 Registered No. B C12143

CERTIFICATE OF DEATH. 157

(Place of Death.) No. 917 Ashland ave (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Infant of Joseph H ~~St~~ Edith Neuhauser

{Residence, if in Baltimore, Give Street and Number.} 917 Ashland ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 12 1908

AGE: 2 hours (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Joseph Florence

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Edith Neuhauser

BIRTHPLACE OF MOTHER (State or country): Baltimore County

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Neuhauser

(Address) 934 Sterling St

Filed 5/12 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) 2 hrs DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) M Cattaneata M.D.

Address 827 Aliquippa

Date May 12 1908

Place of Burial Baltimore Cemetery

Date May 13 1908

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 XX. Registered No. B C12144

C12144

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2542. Frederick Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret Leffler

{ Residence, if in Baltimore, Give Street and Number. } 2542. Frederick Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH June 15th 1838

AGE 69 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER — Reinich

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm B Brothers

(Address) 428 Frederick Ave

Filed 5/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May, 12th 1908

I HEREBY CERTIFY, That I attended deceased from May, 10th 1908 to May, 12th 1908 that I last saw her alive on May, 11th 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Suffered from a stroke of cerebral apoplexy, on May 10th inst. about 9 P.M. Recovered consciousness May 11th for a few hours when she became comatose for about (DURATION) 1/2 DAYS till death released her at the date.

Contributory (Primary)

(Signed) Fr. Hauenstein M.D.

Address 2151. Wilkens Ave

Date May, 12th 1908.

Place of Burial Cathedral Bonnie Dale Cem

Date May 15th 1908

Undertaker Wm B Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C12145 — Registered No. B C12145

167

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Sommerall

{Residence, if in Baltimore, Give Street and Number.} 213 Henrietta

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH —— 1.

AGE 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore White

(Address) 1702 South St

Filed 5/13 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1230 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Burns

(ae)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Cullen M.D.

Address Coroner

Date May 12-08 190

Place of Burial Arbor Hill

Date May 14 1908

Undertaker Theodore White

Address 1702 South St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C12146 — Registered No. B C12146 114

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 Herring Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christana Summerall

{ Residence, if in Baltimore, Give Street and Number. } 213 Herring Court

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: ... 1 ...

AGE: 67 (57) years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore White

(Address) 1702 Gough St

Filed 5/13 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1908

I HEREBY CERTIFY, That I attended deceased from — 190 ... to — 190 ...

that I last saw h ... alive on — 190 ...

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate

Suffocation by Smoke

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Thomas Ludlow Cumm M.D.

Address 320 ½ Greene St

Date ... 190 ...

Place of Burial Arbury Cemetery

Date May 14 1908

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12147

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12147

City of Baltimore, (No. 1316, E. Fayette St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Genesse Altshul

PERSONAL AND STATISTICAL PARTICULARS

SEX 7. COLOR W

DATE OF BIRTH Feb (Month) 27 (Day) 1908 (Year)

AGE ..... years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto., Md

FULL NAME OF FATHER Charles altshull

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Ella Jude

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ch Altshul

(Address) 1316 E. Fayette st.

Filed 5/13 1908 HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to May 13 1908 that I last saw her alive on May 13 1908, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 12 DAYS

Contributory exhaustion

(DURATION) — DAYS

(Signed) J. Roselle M. D.

May 13 1908 (Address) 1503 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Hebrew Boundary — DATE OF BURIAL May 13 1908

UNDERTAKER Max Levin — ADDRESS 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C12148 — Registered No. B C12148

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Insane Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Bruckner

{ *Residence, if in Baltimore, Give Street and Number.* } 1529 Mc Elderry St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: /

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Sanders

(Address) 1529 Mc Elderry St

Filed 5/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May - 11 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1908 to May 11 1908 that I last saw her alive on May 11th 1908, and that death occurred, on the date stated above, at 8.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

over 5 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. H. Phillips M.D.

Address Bayview Hospital

Date May 12. - 1908 190

Place of Burial Mt Carmel Cem.

Date May 14 1908

Undertaker Wm. Coop

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C12149 Registered No. B C12149

CERTIFICATE OF DEATH.

78

(Place of Death.) No. ..... Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ..... John M. Ebert

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/13 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12 1908

I HEREBY CERTIFY, That I attended deceased from May 6 1908 to May 12 1908

that I last saw h.. alive on May 12 1908,

and that death occurred, on the date stated above, at 9 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) Endo-Carditis

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 12 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 12 1908 190

Undertaker E F Kelly

Address 303 N Carrollton ave

WM. J. C. DULANY CO., BALTIMORE.

JOHNS HOPKINS HOSPITAL

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5
9

C12150

152

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12150

City of Baltimore, (No. 602 S. Wolfe St.; 2d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elmer C. Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 17th (Month) (Day) 1908 (Year)

AGE: ~ years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Albert Hall

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Sadie Hall

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Hall

(Address) 602 S. Wolfe St.

Filed 5/18 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto Md. May 12th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 9th 1908 to May 12th 1908

that I last saw h[illegible] alive on May 11th 1908,

and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Convulsions

(Twin out of twins) at 8 months)

(DURATION) 1 DAYS

Contributory Cyanosis

since birth (DURATION) DAYS

(Signed) C. M. Schulte M. D.

May 12th 1908 (Address) 602 S. Wolfe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Carmel Cem.

DATE OF BURIAL: 5/13 1908

UNDERTAKER: J. Henry & Son

ADDRESS: 2008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C12151 C12151

Ward 14 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1423 John St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Henry Legg

{ Residence, if in Baltimore, Give Street and Number. } ~~Hanover Virginia~~ 1423 John St. Baltimore

Duration of Residence in Baltimore. Fourteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Jan - 12 - 1832

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Queen Annes County Maryland

FULL NAME OF FATHER John C. Legg

BIRTHPLACE OF FATHER (State or country) Queen annes county Md.

MAIDEN NAME OF MOTHER Margaret Skinner

BIRTHPLACE OF MOTHER (State or country) Queen annes County Md

OCCUPATION OF DECEASED Insurance

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jr. H. C. Legg (Son)

(Address) Centreville Md

Filed 5/13 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Tuesday May 12 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to May 12 1908 that I last saw him alive on May 11th 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease (chronic nephritis of acute type) uraemia & heart failure the latter about (DURATION) 2 hours

Contributory (Primary.) Old age & general bad health (DURATION) years

(Signed) Clement A Penrose M.D.

Address 21 W 1st Royal Apts

Date May 12th 1908

Place of Burial Chesterfield Cemetery

Date May 14th Centreville Md 1908 Queen anne Co

Undertaker Henry W. Jenkins & Sons Co

Address 300 Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — Registered No. B C12152

CERTIFICATE OF DEATH.

54

(Place of Death.) No. 215 West Lanvale Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Alison Lemmon Littell

{Residence, if in Baltimore, Give Street and Number.} 215 West Lanvale Street.

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: January 8th 1831

AGE: 77 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow.

BIRTHPLACE (State or country): Baltimore Maryland

FULL NAME OF FATHER: William Resstman Lemmon

BIRTHPLACE OF FATHER (State or country): Baltimore Maryland

MAIDEN NAME OF MOTHER: Susan Little

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S S Lemmon

(Address) 221 W Lanvale Street

Filed 5/13 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 11th 1908

I HEREBY CERTIFY, That I attended deceased from October 1907 to May 11 1908

that I last saw her alive on May 11 1908,

and that death occurred, on the date stated above, at 11.10 M. CAUSE OF DEATH (Secondary or Immediate)

Extinction

6 days (DURATION) DAYS

Contributory (Primary.) Pernicious anaemia

Some months (DURATION) DAYS

(Signed) Francis T. Smith M.D.

Address 1126 Calhoun St

Date May 12th 1908

Place of Burial St Lukes Cemetery, Germantown Phila. Pa.

Date May 14th 1908

Undertaker H. W. Jenkins Sons Co

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B 012153

City of Baltimore, (No. 1135 N Fulton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Rebecca Sellman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 27 (Day) 1846 (Year)

AGE: 61 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: Aquilla Norris

BIRTHPLACE OF FATHER (State or country): Harford Co Md

MAIDEN NAME OF MOTHER: Mary Ann Hanstony

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: House Duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L D Norris M D

(Address) 1721 W Fayette St

Filed 5/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 11th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 28th 1908 to May 11th 1908

that I last saw her alive on May 11th 1908,

and that death occurred, on the date stated above, at 6.45 P.M. The CAUSE OF DEATH was as follows:

La Grippe followed by Congestion of lungs

(DURATION) 71 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) L D Norris M. D.

1908 (Address) 1721 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Frederick Md — DATE OF BURIAL: May 14, 1908

UNDERTAKER: Joseph B Cook — ADDRESS: 1003 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 16 C12154 Registered No. B C12154

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 230 Bowers Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name R. Neale Lawrence

{ Residence, if in Baltimore, Give Street and Number. } 230 Bowers Ct

Duration of Residence in Baltimore. 1 mo 16

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	March 24 1908
AGE	..... years, 1 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Fletcher Eton
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Stella Lawrence
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Lawrence

(Address) 230 Bowers Ct

Filed 5/13 1908 HARRY O. ARNOLD PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 10 1908

I HEREBY CERTIFY, That I attended deceased from May 9 1908 to May 9 1908 that I last saw h.. alive on May 9 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary) Prematurity

(DURATION) DAYS

(Signed) Joseph L. Valentine M.D.

Address 622 N Lombard St

Date May 10 1908

Place of Burial Laurel Cemetery

Date May 13 1908

Undertaker R. A. Stadtler

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C12155

Ward 18

C12155

Registered No. B 36

CERTIFICATE OF DEATH.

(Place of Death.) No. 935 Page Court. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georg Stewart.

{Residence, if in Baltimore, Give Street and Number.} 935 Page Court.

Duration of Residence in Baltimore. 27 Days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH April 15 1908

AGE ____ years, ____ months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew Levi Stewart

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Lillie Braxton

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Levi Stewart

(Address) 935 Page Court.

Filed 5/13 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12, 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to May 12 1908

that I last saw h~~im~~ alive on May 12 1908,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart cond, Hemorrhage, Prematurity Premature

Contributory (Primary) Def Phalus of Prem (DURATION) DAYS

Pulmonary Stenosis (DURATION) DAYS

(Signed) Arthur M Murphy M.D.

Address Lumberton Texas

Date May 12 1908

Place of Burial City Cem

Date May 13 1908

Undertaker A J Truland

Address 106 N Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of

Ward 18 C12156 Registered No. B C12156 156

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 So. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas T. Kirby

{Residence, if in Baltimore, Give Street and Number.} 825 W Fayette st

Duration of Residence in Baltimore. 8 Mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Wash. D.C.

FULL NAME OF FATHER Patrick Kirby

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anna Mangan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Painter - Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. P. Kirby.

(Address) Wash. D. C.

Filed 5/13 1908 HARRY O. ANDREWS? PERRITT CLERK? Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxiated by gas while in an insane condition - suicide

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Coroner

Address

Date May 13 1908

Place of Burial Washington D C.

Date May 13, 1908

Undertaker Henry W. Nicum & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C12157 Registered No. B C12157

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 130 N. Broadway St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name John W Hartlove

{Residence, if in Baltimore, Give Street and Number.} 130 N. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Oct 20 1844

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Gustavus Hartlove

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Catherine Sims

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leach & Hartlove

(Address) 130 N Broadway

Filed 5/13 1908 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1908 to May 11 1908

that I last saw h[illegible] alive on May 11 1908

and that death occurred, on the date stated above, at [illegible] a.m. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAY

Contributory (Primary) General Debil

Old age (DURATION) DAY

(Signed) Wm. H. Watts M.D.

Address 1101 N. Broadway

Date 1908

Place of Burial Loudon Pk

Date May 1908

Undertaker Robt J Thomas

Address 144 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C12158 Registered No. B C12158

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1339 N. Luzerne St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Wooden

{Residence, if in Baltimore, Give Street and Number.} 1339 N. Luzerne St (Wooden)

Duration of Residence in Baltimore. All life -

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W
DATE OF BIRTH: Oct 10 1847	
AGE: 60 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Geo W Russell	
BIRTHPLACE OF FATHER (State or country): Pa	
MAIDEN NAME OF MOTHER: Emma Radcliffe	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma W. Wooden

(Address) 1339 N Luzerne

Filed 5/13 1908 PERMIT CLERK'S

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1908

I HEREBY CERTIFY, That I attended deceased from May 7 1908 to May 12 1908

that I last saw h-e alive on May 11 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) 5 months DAYS

Contributory (Primary.) Pneumonia

(DURATION) 10 DAYS

(Signed) H. F. Gehry M.D.

Address 1126 E Eden St

Date May 12 1908

Place of Burial Dale's Cemetery

Date May 190

Undertaker Robt J Turner

Address 1421 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***

HEALTH DEPART[illegible]

Ward 13 C12159 Registered No. B C12159

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 3511 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl M. (H.) Johnson

{Residence, if in Baltimore, Give Street and Number.} 3511 Falls Road

Duration of Residence in Baltimore: 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 3 1907

AGE ..... years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Emmert Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Jessie Brooks

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie Johnson

Address 3511 Falls Road

Filed 190 8

HARRY O. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 12 1908 that I last saw h[illegible] alive on May 11 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary) Convulsions (DURATION) 6 hrs DAYS

(Signed) M. A Fair M.D.

Address 12 E 25th St

Date May 12 1908

Place of Burial Ft Mary V.

Date May 14 1908

Undertaker V. V. Marshall

Address 3509 Falls Road

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTM

Ward 11 C12160 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 Brevard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertie Gill

{Residence, if in Baltimore, Give Street and Number.} 934 Brevard St

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ed

DATE OF BIRTH ..... 1 .....

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Jefferson

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Gill

(Address) 934 Brevard St.

Filed 5/13" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12, 1908.

I HEREBY CERTIFY That I attended deceased from May 4, 1908 to May 12, 1908, that I last saw h— alive on May 11, 1908, and that death occurred, on the date stated above, at 8:58 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage (DURATION) 8 DAYS

Contributory (Primary) Typhoid Fever (DURATION) 3 weeks

(Signed) W. O. Magruder, M.D.

Address 922 Madison Ave.

Date May 12, 1908.

Place of Burial Laurel Cemetery.

Date May 14th 1908

Undertaker Felix B. Pye.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C12161 C12161

Ward 10 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1005 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Paul Poetzsch

{ Residence, if in Baltimore, Give Street and Number. } 1005 N. Central ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 25th 1907

AGE 6 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry Poetzsch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Minnie Hurttish

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1005 N. Central ave.

Filed 5/13 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12th 1908

I HEREBY CERTIFY, That I attended deceased from April 10th 1908 to May 12th 1908

that I last saw him alive on May 12th 1908,

and that death occurred, on the date stated above, at 10 A M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Cerebral Hydrocephalus

(DURATION) 27 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Emer M.D.

Address 1801 E. Eager St

Date May 12th 1908

Place of Burial St. Mathews Cemetery

Date May 14th 1908

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

10 A M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Ba...

Ward 3 C12162 Registered No. B C12162

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 408 S. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Gardner

{Residence, if in Baltimore, Give Street and Number.} 408 S. Eden St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 6 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Charles Gardner

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Maria Maltasta

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Gardner

(Address) 408 S. Eden st.

Filed 5/13 1908 ...HY C. ...ERKIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 11 1908 that I last saw h... alive on May 11 1908, and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate

acute Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 S Broadway

Date May 12th 1908

Place of Burial New Cathedral

Date May 14th 1908

Undertaker Trudell Lifeper...

Address 330 S...

...ment.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEA[illegible]H DEPARTMENT, City of Baltimore.

Ward 14 C12163 Registered No. B C12163

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles W Buckingham

{Residence, if in Baltimore, Give Street and Number.} 420 Mosher St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 25th 1825

AGE: 82 years, 8 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): —

[illegible] Not Known

—

[illegible]d

[illegible]ICULARS ARE TRUE TO THE [illegible]F.

[illegible]riffith

[illegible]rochan

[illegible]ANDREWS,

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to May 13 1908 that I last saw him alive on May 12 1908 and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 7 DAYS

Con'ributory (Primary. Diabetes Insipid

(DURATION) 10 yrs

(Signed) John S. Huck M.D.

Address 847 W Lafayette Ave

Date May 13

Place of Burial Mount Olivet

Date May 15th

Undertaker Stewart W[illegible]

Address 215 Park

SECTION 2. *And be it further enacted and ordained*, That whenever any person s[illegible] the duty of the Physician who a[illegible]ded during his or her last sickness, or the Coro[illegible] notice, to furnish within **eighteen** setting forth, as far as th[illegible] deceased, and the **cause** [illegible] **after death**, to the Undertaker, or other person [illegible]scertained, the **full name, sex, age, condition** (w[illegible] **eath.**

HEAL

Ward 3 C12164 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Goldstein

{Residence, if in Baltimore, Give Street and Number.} 333 S. Bond St.

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Samuel Goldstein

BIRTHPLACE OF FATHER (State or country) Russia

Goldstein

Russia

Presser

ARTICULARS ARE TRUE TO THE IEF.

Goldstein

ond st

D. ANDREWS Registrar

CLERK.

MEDICAL CERTIFICATE OF D

DATE OF DEATH May 13

I HEREBY CERTIFY, That I attended de

May 6 1908 to May 13

that I last saw him alive on May 13 1908,

and that death occurred, on the date stated above, at 10

A. M. CAUSE OF DEATH (Secondary or Immediat

Myocarditis.

(DURATION) 2 DAYS

Con'tributory (Primary.) Chronic Nephritis

(DURATION) 3 DAYS

(Signed) Edw Boyley Jr.

Address Hebrew Hospital

Date May 13

Place of Burial Chelsea Romdale

Date May 14

Undertaker Max

Address 1620 N

SECTION 2. *And be it further enacted and ordained*, That whenever an the duty of the Physic notice, to furnish within setting forth, as far as t deceased, and the ***cause and date of***

Ward 4

C12165 Register

CERTIFICATE OF DEATH.

97

(Place of Death.) No. St. Elizabeths Home.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Wilson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life.

C. 12165

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Nov. 22, 1905

AGE: 2 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George Wilson

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Ella Wilson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother, Mildred

(Address) St Elizabeths Home

Filed 5/14" 1908

HARRY O. ANDREWS. Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 13, 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 12 1908

that I last saw h[illegible] alive on May 12 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Bronchial)

(DURATION) 5 DAYS

Contributory (Primary.) Congenital Debility (DURATION) Life DAYS

(Signed) A. C. Fiddis M.D.

Address 1519 N. Caroline St.

Date May 13, 1908

Place of Burial Bathed at Cemetery

Date May 14th 1908

Undertaker Geis & Cue.

Address 102 E. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C. 12166 Registered No. B C 12,166

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 165 Hillen Rd St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ina Wm. Thompson

{Residence, if in Baltimore, Give Street and Number.} 165 Hillen Rd

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 30 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ M.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James Thompson

(Address) 165 Hillen Rd.

Filed 5/14 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11 1908

I HEREBY CERTIFY, That I attended deceased from April 25 1908 to May 11 1908 that I last saw h er alive on May 11 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 16 DAYS

Contributory (Primary.)

Pneumonia (DURATION) 16 DAYS

(Signed) Geary A. Long M.D.

Address Hamilton, Md

Date May 13 1908

Place of Burial Woodlawn Cem.

Date May 14th 1908

Undertaker Iredell Tippett & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate

Ward 10 [redacted] Registered No. B [redacted]

CERTIFICATE OF DEATH. G12167 9

(Place of Death.) No. 808 Sterling St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Howard

{ Residence, if in Baltimore, Give Street and Number. } 808 Sterling St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C Howard

(Address) 808 Sterling St

Filed 5/14 1908

HARRY U. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190 5

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Corner Near

Date May 13 08 1908

Place of Burial Old Lutheran Cemetery

Date May 14th 1908

Undertaker Felix Agnew

Address 132 E Monument St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C12168 Registered No. B C12168

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 N. Patterson Pk. Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Shimek

{Residence, if in Baltimore, Give Street and Number.} 413 N. Patterson Pk. Ave

Duration of Residence in Baltimore. 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Joseph Shimek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Elizbeth Plumer

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Argon Asst.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Shimek

(Address)

Filed 5/14 1908 MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 13 1908 that I last saw h~~im~~ alive on May 13 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) Samuel J. King M.D.

Address 2309 E. Monument St.

Date May 13 1908

Place of Burial Holy Redeemer

Date May 16 1908

Undertaker Frank Brochs & Son

Address 1914 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12169 Registered No. B C12169

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2827 Elliot St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francesca Koscielska

{Residence, if in Baltimore, Give Street and Number.} 2827 Eliot St.

Duration of Residence in Baltimore. 16yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1838

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Russ-Poland

FULL NAME OF FATHER: Mickai Kosciekska

BIRTHPLACE OF FATHER (State or country): Russ-Poland.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Russ Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophie Rosenkiewicz mark

(Address) 2827 Eliot St

Filed 5/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 13th 1908

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to May 13 1908 that I last saw h alive on May 12 1908, and that death occurred, on the date stated above, at 2:30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac & Respiratory Failure

(DURATION) 8. DAYS

Contributory (Primary.) Apoplexy (Cerebral)

(DURATION) One. DAYS

(Signed) Leo Tarkinsky M.D.

Address 1114 S. Chesapeake St

Date May 13th 1908

Place of Burial Holy Redeemer

Date May 16 1908

Undertaker Frank Burch & Son

Address 1907 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C1270 Registered No. B C1270

CERTIFICATE OF DEATH. 123

(Place of Death.) No. 619 S. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Schaefers

{Residence, if in Baltimore, Give Street and Number.} 619 S. Rose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 29th 1860

AGE: 47 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Frederick Schaefers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Schneiberg

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A. Schaefers

(Address) 619 S. Rose st.

Filed 5/14 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14, 1908

I HEREBY CERTIFY, That I attended deceased from May 7, 1908 to May 14, 1908 that I last saw him alive on May 14, 1908 and that death occurred, on the date stated above, at 10 30 a m, CAUSE OF DEATH (Secondary or Immediate)

Carcinoma

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M.D.

Address

Date May 15, 1908.

Place of Burial Sacred Heart Cemetery

Date MAY 15 1908 190

Undertaker Lilly & Zeiler.

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C12171

Registered No. B.....

City of Baltimore, (No. 2225 Oak st. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William L. McPhail

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	May 3 1880 (Month) (Day) (Year)
AGE	28 years, 1 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Jas L McPhail
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Ida J Linton
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine McPhail

(Address) 2225 Oak st.

Filed 5/14 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 10th 1908 to May 13th 1908 that I last saw h[illegible] alive on May 12th 1908, and that death occurred, on the date stated above, at 5.30 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) One Year DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Geo H Barnes M. D.

May 13 1908 (Address) 21 W 23rd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount	May 15 1908
UNDERTAKER	ADDRESS
E M Mitchell	1201 W Fayette st

Ward 18 C12172 Registered No. B C12172

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 398 S. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann M Horn

{Residence, if in Baltimore, Give Street and Number.} 398 Schroeder St

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 30th 1824

AGE 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Illegible Rutledge

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Horn

(Address) 398 Schroeder St

Filed 5/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13th 1908

I HEREBY CERTIFY, That I attended deceased from April 1st 1908 to May 13th 1908 that I last saw her alive on May 13th 1908, and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt A. Montgomery M.D.

Address 125 N Fulton Ave

Date May 14th 1908

Place of Burial Wards Chapel Balto Co

Date May 15th 1908

Undertaker Chas. F. McCormick

Address 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

C12178

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1846 Penn ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. Freudenburg

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	May 29 1866 (Month) (Day) (Year)
AGE	42 years, 9 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Geo Freudenburg
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Mary Lang
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Labrer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Freudenburg

(Address) 1846 Penn ave

Filed May 14 1908 HARRY O. ANDREWS? Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from about July 1906 to May 12th 1908 that I last saw h— alive on May 12 1908, and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

.....(DURATION).....DAYS

Contributory accident

.....(DURATION).....DAYS

(Signed) G. Newton Smith M. D.

190 (Address) 594 Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 14 1908
UNDERTAKER Geo. Brutz	ADDRESS 594 N Bidde St

Ward 12 C12174 Registered No. B C12174

152

CERTIFICATE OF DEATH.

(Place of Death.) No. 931 South Charles St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Clemmy

{Residence, if in Baltimore, Give Street and Number.} 931 South Charles St

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH April 8 1908

AGE — years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Robert E Clemmy

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary Hays

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Clemmy

(Address) 8 Chas St

Filed 5/14 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from 5/11 1908 to 5/13 1908 that I last saw her alive on 5/13 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cyanosis from Birth

1 mo 5 days (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H J Burlington M.D.

Address 102 E Fort Ave

Date 5/13 1908

Place of Burial St Peters Cemetery

Date May 14 1908

Undertaker F A Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C12175

City of Baltimore, (No. 2106 24th St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Duncan Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 25 (Day) 1879 (Year)

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Henry Weeks

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rachsah Ann Evans

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Weeks

(Address) 210 E 24th St

Filed 5/14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5 (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1907 to May 12 1908 that I last saw h— alive on May 12 1908, and that death occurred, on the date stated above, at 3 P M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (DURATION) 5 mos. DAYS

Contributory Tuberculosis

4 mos. (DURATION) DAYS

(Signed) Stanford McCleary M. D.

5/13 1908 (Address) 1609 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Vincents | DATE OF BURIAL: May 15 1908

UNDERTAKER: E A Friedfeld & Bro | ADDRESS: 211 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

Ward 23 C12176 Registered No. B 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 W. Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph O Smith Smith

{Residence, if in Baltimore, Give Street and Number.} 11 W. Barney St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Oct 18 1906

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joseph O Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ella Waser.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED owner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph O Smith Father

(Address) 11 W Barney St.

Filed 8/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908

I HEREBY CERTIFY, That I attended deceased from May 7 1908 to May 14 1908 that I last saw him alive on May 14 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

acute Intermia

(DURATION) 2 DAYS

Contributory (Primary) Scarlet Fever (DURATION) 7 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date May 14 1908

Place of Burial Holy Cross (A A Co)

Date May 15 th 1908

Undertaker E Hark

Address 115 E West St.

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12177 Registered No. B C12177

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1807 Covington st. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Ryan.

{ Residence, if in Baltimore, Give Street and Number. } 1807 Covington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH May 16 18

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Ryan

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Mary Ryan.

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Hilton

(Address) 1803 Covington

Filed 8/14 190 8 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1908 to Aug 14th 1908 that I last saw h[illegible] alive on Aug 13th 1908, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.
Ephamitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Hyden M.D.

Address 1425 Light st

Date Aug 14th 1908

Place of Burial Balto. Cem.

Date May 14 1908

Undertaker J. J. Dulaney & Son

Address 1232 Hillsdale st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12178 Registered No. B C12178

CERTIFICATE OF DEATH. 106

(Place of Death.) No. 410 Davis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary D. Parrants (Parrant)

{ Residence, if in Baltimore, Give Street and Number. } 410 Davis St -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Parrant

(Address) 410 Davis St

Filed 5/14 1908 HARRY O. ARDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Wednesday, May 13th 1908

I HEREBY CERTIFY, That I attended deceased from March 11th 1908 to May 13th 1908

that I last saw her alive on May 12th 1908,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tyhumatism

Bacteral (DURATION) DAYS

Contributory (Primary) Gastro Enteritis (DURATION) 2 Mos DAYS

(Signed) [illegible] M.D.

Address 607 N. Gay St

Date May 13th 1908

Place of Burial Mt Zion

Date May 16 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C12179 Registered No. B C12179

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 606 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Rodman

{ Residence, if in Baltimore, Give Street and Number. } 606 Sarah Ann st

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colard

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Lizzie Blake

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Silas Rodman

(Address) 606 Sarah Ann st

Filed 5/14 1908 HARRY O. ARDMAN, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12th 1908

I HEREBY CERTIFY, That I attended deceased from May 9th 1908 to May 12 1908 that I last saw h in alive on May 11th 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (DURATION) 2 DAYS

Contributory (Primary.) Paralysis (DURATION) 1 DAY

(Signed) Frank W Gunon M.D.

Address 322 N Gay st

Date May 12th 1908

Place of Burial Laurel Cem

Date May 14 1908

Undertaker R A Ecleott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12180 Registered No. B C12180

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 155 East St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William N. Wilson

{Residence, if in Baltimore, Give Street and Number.} 155 East Street.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	Colored
DATE OF BIRTH	1
AGE	44 years, 60 months, over 100 years and upwards days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Wilson

(Address) 155 East St

Filed 5/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12th May 1908

I HEREBY CERTIFY, That I attended deceased from 6th May 1908 to 13th May 1908

that I last saw him alive on 12th May 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory and circulatory failure

(DURATION) about a DAY.

Contributory (Primary) Cerebral apoplexy (DURATION) about 2 DAYS.

(Signed) E. M. Boyle M.D.

Address 1508 E. Madison St.

Date 190

Place of Burial National Cem

Date May 15 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C. 12. 180

GENERAL AFFIDAVIT. THE DAILY RECORD, PRINT

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, *That on this* 2nd *day of* July *A. D. 1909, before me, the subscriber, a* Justice of the Peace *of the said State, in and for the City aforesaid, personally appeared* Robert A. Elliott

and made oath on the Holy Evangely of Almighty God that in filling out Certificate of death of William H. Wilson he made the error in putting in the age as 44 instead of 60 years which was the proper age of William H. Wilson

Robert. A. Elliott

James B Roane J P

Justice of the Peace

C12181

Ward 18 C12181 Registered No. B 146

CERTIFICATE OF DEATH.

Place of Death.) No. 405 N Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Priscilla E Drukehart

{ Residence, if in Baltimore, Give Street and Number. } 405 N Carey St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 1842

AGE: 65 years, ___ months, ___ days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Henry Harman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Eliza Woods

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Graham Drukehart

(Address) 405 N Carey St

Filed 5/14 1908 Registrar

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13. 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to May 13 1908

that I last saw h alive on May 10 1908,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy followed by Paralysis

(DURATION) 4 DAYS

Contributory (Primary.) Nephritis Chron

(DURATION) 15 Years DAYS

(Signed) Theodore Lantz M.D.

Address 914 N Charles St

Date May 14. 1908

Place of Burial Greenmt Cemetery

Date May 15 1908

Undertaker Wilbur W. Shriver

Address 916 Fremont Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12182 Registered No. B C12182

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1734 E Fayette st. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary Elizabeth Fenhagen

{Residence, if in Baltimore, Give Street and Number.} 1734 E Fayette Street.

Duration of Residence in Baltimore. 74 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH Oct 14 1829

AGE 78 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Worcester Co, Maryland

FULL NAME OF FATHER Levi Cathell

BIRTHPLACE OF FATHER (State or country) Worcester Co., Md.

MAIDEN NAME OF MOTHER Priscilla Cannon.

BIRTHPLACE OF MOTHER (State or country) Sussex County Del

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. D. Fenhagen

(Address) Roland Park, Md

Filed 5/14 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from January 17 1908 to May 12 1908, that I last saw h alive on May 12 1908, and that death occurred, on the date stated above, at 12- AM. CAUSE OF DEATH (Secondary or Immediate

Chronic Gastritis

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) D W Cathell M D M.D.

Address 1308 N Charles st

Date Baltimore May 13 1908

Place of Burial Greenmount Cemetery

Date May 14th 1908

Undertaker John D Spence

Address 1325 N. Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12183

City of Baltimore, (No. 426, E 26th St.;) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME John R Forwood

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	May 7 1838 (Month) (Day) (Year)
AGE	70 years, 6 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Jacob Forwood
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Elizabeth Richardson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Forwood

(Address) 426 E. 26th St

Filed 5/14 1908

HARRY C. ANDREWS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 7 1908 to May 13 1908

that I last saw h[im] alive on May 13 1908

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis Acute

Nephritis Chr —

(DURATION) 2 Yrs DAYS

Contributory

(DURATION) DAYS

(Signed) C. W. Taddeo M. D.

May 13 1908 (Address) 2631 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 15 1908
UNDERTAKER	**ADDRESS**
A F Phelbin	1711 Linden

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B C12184

C12184

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Murray

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 184[illegible]

AGE 68. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known.

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 5/14 1908 HARRY C. ARDENS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12th 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1908 to May 12 1908 that I last saw h[illegible] alive on May 12 1908, and that death occurred, on the date stated above, at 2.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia (Lobar)

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 12 1908

Place of Burial Mt. Calvary

Date May 14 1908

Undertaker Xander Sons

Address 1710 Caton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C12185 — Registered No. B C12185

1504

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 N. Grove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Otto & Elizabeth Goetzner

{Residence, if in Baltimore, Give Street and Number.} 12 N Grove St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH May 13 1908

AGE ..... years, ... months, 7 hours days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Otto Goetzner

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Elizabeth Goetzner

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Goetzner

(Address) 12 N Grove St

Filed 5/14 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to May 13 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of the skull & clot & excessive amount of amniotic fluid (DURATION) 7 hours DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) A. C. Hearn M.D.

Address 156 Melton Ave

Date May 13 1908

Place of Burial Mt. Carmel Cem

Date May 14 1908

Undertaker Landers Sons

Address 710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B C12186

C12186

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 529 Robert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian M. Simmons

{Residence, if in Baltimore, Give Street and Number.} 529 Robert St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Dec. 29th 1907

AGE: 1 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Daniel A. J. Simmons

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: Mary J. Connick

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Simmons

(Address) 529 Robert st

Filed 5/14 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 13th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

Two days (DURATION) DAYS

Con'ributory (Primary.) Congestion of Lungs (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lef. ave. (Roland)

Date May 14th 1908

Place of Burial Laurel Cemetery

Date May 15th 1908

Undertaker Felix B. Pue

Address 1125 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — Registered No. B 012187

CERTIFICATE OF DEATH.

107

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Maggie Williams

{ Residence, if in Baltimore, Give Street and Number. } Belair Road - Belvieu Balto Co Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH: 1877

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Baker

(Address) Church Home & Infirmary

Filed 5/14 1908

HARRY O. ANDERSON
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14 1908

I HEREBY CERTIFY, That I attended deceased from April 8 1908 to May 14 1908 that I last saw h-er alive on May 13 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pyaemia

(DURATION) DAYS

Contributory (Primary.) Puerperal fever

(DURATION) 40 DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date May 14 1908

Place of Burial London Park Cem

Date 5-17 1908

Undertaker Robt Brookerson

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C12188

C12188

CERTIFICATE OF DEATH.

164

(Place of Death.) No. 577, W Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Lafrade

{Residence, if in Baltimore, Give Street and Number.} 577, W. Hoffman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	Unknown
AGE	75 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Louis Lafrade
BIRTHPLACE OF FATHER (State or country)	Paris
MAIDEN NAME OF MOTHER	Rosey Mond.
BIRTHPLACE OF MOTHER (State or country)	Paris
OCCUPATION OF DECEASED	Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary. M. Gibbs

(Address) 577 Hoffman St

Filed 5/14 1908

HENRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion following fractured neck of femur

Life two mos. (DURATION) DAYS

Contributory (Primary.) Accidental fall (DURATION) DAYS

(Signed) Allen Baldwin M.D.

Address 700 Log. av. (Coroner)

Date May 13th 1908

Place of Burial St Peters

Date May 15 1908

Undertaker John. H. Toadvine

Address 1420 N. Hilen St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12189 Registered No. B C12189

CERTIFICATE OF DEATH.

97

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude Stambaugh

{ Residence, if in Baltimore, Give Street and Number. } Springe Forge Pa

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Missouri

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14" 1908

I HEREBY CERTIFY, That I attended deceased from May 6 1908 to May 14 1908 that I last saw her alive on May 14 1908, and that death occurred, on the date stated above, at 4.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Embolism

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) W O Pauli. M.D.

Address Johns Hopkins Hospital

Date May 14 1908

Place of Burial Spring Forge Pa.

Date May 14th 1908

Undertaker Wm C. Black

Address 123 S Broadway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C12190 Registered No. B C12190

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 210 Belair Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Reid

{Residence, if in Baltimore, Give Street and Number.} 210 Belair Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 44 years, 5 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Samuel Reid

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Reid

(Address) 210 Belair Ave.

Filed 5/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to May 12 1908

that I last saw him alive on May 12 1908, and that death occurred, on the date stated above, at 9.57 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

Asthenia (DURATION) DAYS

(Signed) William Francis M.D.

Address 1417 N Kay

Date May 14. 1908

Place of Burial Baltimore Cemetery

Date May 16 1908

Undertaker Henry Heck Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

Registered No. B 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 Dooley St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gracia Lamartina

{Residence, if in Baltimore, Give Street and Number.} 202 Dooley St

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1891

AGE: 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: John Lamartina

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lamartina

(Address) 202 Dooley St

Filed 5/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1908 to May 14 1908 that I last saw her alive on May 13 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary) Scarlet Fever with Diphtheria (DURATION) 9 DAYS

(Signed) John S Huck M.D.

Address 647 N Eutaw 11th A

Date May 14 1908

Place of Burial St Trinidad Cemetery

Date May 15 1908

Undertaker Wm. A. Routson

Address Greene & Saratoga

8 1/2 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12192 Registered No. B C12192

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 W. Lafayette Av ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Miss Nannie C. Travers

{Residence, if in Baltimore, Give Street and Number.} 707 W. Lafayette Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1880	
AGE: 28 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: John M. Travers	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Marie L Cassidy	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: School Teacher	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Travers

(Address) 707 W. Lafayette Ave

Filed 5-14 1908

HENRY O. ANDERSON PERMIT CLERK Registrar

#211-V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12th 1908

I HEREBY CERTIFY, That I attended deceased from April 20th 1908 to April 29th 1908 that I last saw h.. alive on April 29th 1908 and that death occurred, on the date stated above, at 6.45 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage from Lungs

About 1 hour (DURATION) — DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis

(DURATION) 120 DAYS

(Signed) Charles G. Bz, M.D.

Address 1111 W. Lanvale St

Date May 12th 1908

Place of Burial Green Lakewood

Date May 15th 1908

Undertaker H. Fahey & Son

Address 606 Lafayette Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C.12193 Registered No. B 142

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Nezelrod

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Nezelrod

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 5/14 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to May 12 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Duo

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Mattes M.D.

Address 1000 W Lafayette ave

Date May 13 1908

Place of Burial Mt Cathedral

Date May 14 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12194 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asy. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Luke Lincoln

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH April 3 1908

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 5/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R Maylie M.D.

Address 1002 W Laf. Ave.

Date May 13 1908

Place of Burial Mt. Car Cathedral

Date May 14 1908

Undertaker Martin Fahey & Son

Address 116 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 .

Registered No. B C12195

CERTIFICATE OF DEATH. 47

(Place of Death.) No. 2327 N. Caroline St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elenora Webb

{Residence, if in Baltimore, Give Street and Number.} 2327 N. Caroline

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Aug 1 1860

AGE: 47 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos Moran

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Georgia Nicholson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Green

(Address) 2324 Caroline

Filed 5/15/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1908 to May 1908 that I last saw h[illegible] alive on May 12 1908, and that death occurred, on the date stated above, at 4 30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Toxemia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of breast (DURATION) 3 Mos DAYS

(Signed) J. Frederick Leitz M.D.

Address 1316 W. North Ave

Date May 15 1908

Place of Burial Lutheran Cemetery

Date May 15 1908

Undertaker Robt J Turner

Address 1424 Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12196

Registered No. B

City of Baltimore, (No. 316 E Biddle St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Peter L. Brandenburg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 14 (Day) 1908 (Year)

AGE: ..... years, ... months, 2 hours days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: L. Brandenburg

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Margt. Conaway

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Brandenburg

(Address) 316 E Biddle St

Filed 5/15 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 14 1908 to May 14 1908 that I last saw h-- alive on May 14 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Premature Birth + said caused by Two hours & Breathed it was about 6 hrs (DURATION) ..... DAYS

Contributory Testation

(DURATION) ..... DAYS

(Signed) James M Perkins M. D.

May 14 1908 (Address) 700 E Chase St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn Carroll Co Md

DATE OF BURIAL: May 15 1908

UNDERTAKER: A F Phelps

ADDRESS: 1711 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C12197 Registered No. B 502

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Jordan.

{Residence, if in Baltimore, Give Street and Number.} Owings Mills Md.

Duration of Residence in Baltimore. ——

C. 12 197

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1852

AGE: 57 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asmor Holliday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 5/15" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14th 1908

I HEREBY CERTIFY, That I attended deceased from April 25 1908 to May 14 1908 that I last saw him alive on May 14 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 14 1908

Place of Burial Harrisonburg Va.

Date May - 15th 1908.

Undertaker W. M. Gauthrop

Address Watts & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C12198 Registered No. B.....

67

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital Insane Department St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Giles

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: .....1.....

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday Supt.

(Address) ..... BAY VIEW ASYLUM

Filed 5/15 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 12 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1908 to May 12 1908 that I last saw him alive on May 12 1908 and that death occurred, on the date stated above, at 11.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Paresis

over 3 Months (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thos. H. Phillips M.D.

Address Bayview Asylum

Date May 13 1908

Place of Burial Laurel

Date May 15th 1908

Undertaker Wm. J. Jackson

Address 1421 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C12199

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1433 Bounty Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos J. Harris

{Residence, if in Baltimore, Give Street and Number.} 1433 Bounty Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1 ——

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife, Amy Harris

(Address) 1433 Bounty Lane

Filed 5/15 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to May 13 1908 that I last saw h— alive on May 12 1908 and that death occurred, on the date stated above, at 2 p. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Pneumonia~~ Coma

Pneumonia

2 Wks (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Chas F Blake M.D.

Address 1523 E Baltimore

Date May 14 — 1908

Place of Burial National

Date May 15 1908

Undertaker R A Elliott

Address undertaker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Burendsen

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hellyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 5/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13. 1908

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to May 13 1908

that I last saw h alive on May 13 1908,

and that death occurred, on the date stated above, at 7 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

..... (DURATION) ..... DAYS

Contributory (Primary.) Nephritis

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 14 1908

Place of Burial JOHNS HOPKINS HOSPITAL MAY 14 1908

Date 190

Undertaker Edward F Kelly

Address 303 N Carrollton ave

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

97

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C12201 Registered No. B C12201

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1820 E Pratt st. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Buschman

{Residence, if in Baltimore, Give Street and Number.} 1820 E. Pratt st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 10 1868

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Henry Buschman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Burkorst

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Buschman

(Address) 1820 E. Pratt st.

Filed 5/15 1908

HARRY O. ANDREW Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to May 13 1908 that I last saw him alive on May 11th 1908 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.) Pleurisy

or Multiple Neuritis (DURATION) DAYS

(Signed) Albertus Calvo M.D.

Address 1828 E. Baltimore

Date May 14th 1908

Place of Burial Holy Redeemer

Date May 16 1908

Undertaker J. & J. Siders

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — C12202 — C12202 — Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 429 Hanover St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Caroline Kramer

{Residence, if in Baltimore, Give Street and Number.} #429 Hanover St.

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 30 1818 1

AGE: 89 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John P.Geibel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Schaum

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ----------

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs.Henry Murr(Daughter)

(Address) #429 Hanover St.

Filed 5/15- 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to May 14 1908 that I last saw h-r alive on May 14 1908 and that death occurred, on the date stated above, at 9-48 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility (DURATION) — DAYS

Contributory (Primary) Exhaustion (DURATION) — DAYS

(Signed) M.A. Farr M.D.

Address 12 E 25th St

Date May 15- 1908

Place of Burial Stiltz York Co.Pa.

Date May 17 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12203 Registered No. B

CERTIFICATE OF DEATH. 116

(Place of Death.) No. 702 S. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Elizabeth Yeager

{Residence, if in Baltimore, Give Street and Number.} 702 S. Luzerne St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1

AGE - years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Geo. Yeager

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Elizabeth Kreppel

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Kreppel

(Address) 702 S. Luzerne St

Filed 5/15 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to May 14 1908 that I last saw h[er] alive on May 14 1908, and that death occurred, on the date stated above, at 12.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

about 4 days (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 DAYS

(Signed) Geo. Hellen M.D.

Address 1937 Gough St

Date May 14. 1908

Place of Burial Sacred Heart Cem

Date May 15th 1908

Undertaker Kendell Lippeal Son

Address 330 S. Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Shields Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Raymond Neal

{Residence, if in Baltimore, Give Street and Number.} 1118 Shields Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: James Neal

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Louise Smith

BIRTHPLACE OF MOTHER (State or country): eating well

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Smith

(Address) 1118 Shields alley

Filed 5/15 1908

ALBERT C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1908

I HEREBY CERTIFY, That I attended deceased from May 12th 1908 to May 14th 1908

that I last saw him alive on May 14th 1908

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Bronchitis
Convulsions of
Asthenia

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin

Date May 15th 1908

Place of Burial Mt Auburn Cemetery

Date May 15 1908

Undertaker Geo H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

123

(Place of Death.) No. City Hospital, Baltimore, Md St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dominic Leuchner, S.J.

{ Residence, if in Baltimore, Give Street and Number. } Woodstock College, Woodstock, Md

Duration of Residence in Baltimore. about a week

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 6, 1814

AGE: 94 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Religious Brother

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Joseph J. McLoughlin S.J.

(Address) Loyola College

Filed 5/18 1908 HARRY O. ABERNETHY PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1908 to May 15 1908

that I last saw h[illegible] alive on May 15 1908

and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Cystitis

(DURATION) [illegible] DAYS

Contributory (Primary) Sepsis

[illegible] (DURATION) [illegible] DAYS

(Signed) H W Loker M.D.

Address Bucks City Hospital

Date May 15 1908

Place of Burial Woodstock College Cem Howard Co Md

Date May 16 1908

Undertaker Hutchenkins & Sons Co

Address 300 No. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Partridge

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

C 12206

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Davis

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/15 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to May 13 1908 that I last saw h alive on May 13 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 14 1908

Place of Burial Baltimore Co

Date May 16 1908

Undertaker W. Turnpaugh

Address Cockeysville Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20

C12207

Registered No. B C12207

CERTIFICATE OF DEATH. 47

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Margaret Jones

{ Residence, if in Baltimore, Give Street and Number. } 2012 Ramsay St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: G. H. Coffman

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Jones

(Address) 2112 Ramsay St

Filed May 15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 13th 1908

I HEREBY CERTIFY, That I attended deceased from 4-28 1908 to 5-13 1908 that I last saw h alive on 5-13 1908 and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) advanced cancer of uterus (DURATION) DAYS

(Signed) R C Faulkner M.D.

Address Maternity Hospital

Date May 13th 1908

Place of Burial London Park

Date May 16 1908

Undertaker Mr. Lodt.

Address 502. E. North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12208 Registered No. B C12208

28

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Lukis Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Delta Sapp

{Residence, if in Baltimore, Give Street and Number.} 419. N. 23rd St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE (22) 22 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanch Carroll.

(Address) Oaker 23rd St

Filed 5/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14" 1908

I HEREBY CERTIFY, That I attended deceased from April 2 1908 to May 14 1908 that I last saw h~~er~~ alive on May 13 1908, and that death occurred, on the date stated above, at 3 p. M. CAUSE OF DEATH (Secondary or Immediate)

~~Meningitis tuber~~ Exhaustion

(DURATION) ? DAYS

Contributory (Primary.) Meningitis tuber (DURATION) ? DAYS

(Signed) Wm Dulany Thomas M.D.

Address 633 Carrollton ave

Date May 14" 1908

Place of Burial Loudon Park

Date May 16/08 190

Undertaker Wm. Cook.

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C12209 Registered No. B C12209

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Druid Hill Park. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Waters Kelly

{ Residence, if in Baltimore, Give Street and Number. } 736. Cumberland St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Phila. Pa

FULL NAME OF FATHER: Michael Kelly.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary A. Waters

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Kelly

(Address) 736 Cumberland

Filed 5/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.... alive on ....1900....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate)

Shock.

Accidental Death.

....(DURATION)....DAYS

Contributory (Primary.) Fractured Skull

....(DURATION)....DAYS

(Signed) Charles Lieuticum M.D.

Address 1818 N. Chas St

Date May 15 1908

Place of Burial Nav. Cathedral

Date May. 18. 1908

Undertaker Wm. Cook.

Address 502. E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B C13210

City of Baltimore, (No. Biddle Selman Sq. Ward
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. C. Cuddy.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1840 (Year)

AGE 68 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: John Cuddy

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) H. E. Fuse

(Address) .....

Filed 5/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 27 1908 to May 14 1908 that I last saw him alive on May 14 1908, and that death occurred, on the date stated above, at 10:45 P. M. The CAUSE OF DEATH was as follows:

Fatty degeneration of the heart.

..... (DURATION) ..... DAYS

Contributory Heart failure

..... (DURATION) ..... DAYS

(Signed) G. W. Walhoff M. D.

May 14 1908 (Address) 2203 N. Chas. St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 933 Madison Ave Balto. How long at Place of Death? 17 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: May 18 1908

UNDERTAKER: David McFan bo — ADDRESS: 833 Linden ave

WM. J. C. DULANY CO., BALTIMORE

Ward 10 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 254 N. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Noel

{ Residence, if in Baltimore, Give Street and Number. } 254 N. Arlington Ave

Duration of Residence in Baltimore. 52 yrs

C 1221

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wh

DATE OF BIRTH May 9 1834

AGE 74 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER — Jessner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER — Wagner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Noel

(Address) 254 N Arlington Ave.

Filed 5/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to May 14 1908 that I last saw h-er alive on May 14 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary) Apnoea

(DURATION) DAYS

(Signed) L Norwood M.D.

Address 637 W Fayette St

Date May 14 1908

Place of Burial Westend Cem

Date May 16 1908

Undertaker Jos B Cook

Address 1013 W Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12212. Registered No. B C12212.

138

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs. ~~W. E.~~ Houck

{Residence, if in Baltimore, Give Street and Number.} 708 W. Lombard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 16 1888

AGE 20 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER J S Owings

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Strickland

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant W. E. Houck

Address 808 W Lombard

Filed 5/15 1908

HENRY G. ANDRUS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1908

I HEREBY CERTIFY, That I attended deceased from 5-2 1908 to 5-14 1908 that I last saw h[er] alive on 5-4 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) DAYS

Contributory (Primary.) ante partum eclampsia (DURATION) DAYS

(Signed) R C Smuskin M.D.

Address Mercy Hospital

Date 5-14-08 1908

Place of Burial Druid Ridge Cem

Date May 17 1908

Undertaker Jos B Cook

Address 1003 W Balt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B C12213

City of Baltimore, (No. 729, Ramsey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A. Zepp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~May~~ April (Month) ~~10~~ 10 (Day) ~~1908~~ 1820 (Year)

AGE: 88 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): A. A. Co. Md.

FULL NAME OF FATHER: Thomas Howard

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. W. Zepp.

(Address) 906 N. Fulton Ave.

Filed 5/15 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to May 15 1908 that I last saw her alive on May 14 1908, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

(Volvulus Disease of Heart + Dropsy.

(DURATION) 1 Year DAYS

Contributory Old age

(DURATION) DAYS

(Signed) H. K. Webner M. D.

May 15 1908 (Address) 723 W. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: May 16 1908

UNDERTAKER: Jos. B. Cook — ADDRESS: 1003 W. Balto

WM. J. C. DULANY CO., BALTIMORE.

(She removed to 628 Scott St)

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause end date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

118

CERTIFICATE OF DEATH.

C12214

Registered No. B

City of Baltimore, (No. Good Samaritan Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lawrence Mack-

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk.

DATE OF BIRTH March - 5 - 1904 (Month) (Day) (Year)

AGE 4 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) 1320 Ething St. Balto

FULL NAME OF FATHER Charles Mack-

BIRTHPLACE OF FATHER (State or country) Cumberland Co - Va.

MAIDEN NAME OF MOTHER Clemmie Chisholm

BIRTHPLACE OF MOTHER (State or country) Caroline Co. Va.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna J. Schultze.

(Address) Good Samaritan Hospital

Filed 5/16 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to May 14 1908 that I last saw him alive on May 14 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Appendecal Abscess, following acute gangrenous appendicitis

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

(Signed) Maurice Lazarus M. D.

May 14 1908 (Address) 721 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1320 Ething St. How long at Place of Death 14 hours Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt. Auburn Cemetery | DATE OF BURIAL May 16 1908

UNDERTAKER Alex Lansky | ADDRESS 578 W. Biddle St.

Ward 1 Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Miller

{Residence, if in Baltimore, Give Street and Number.} Hotel Columbia - Calvert St.

Duration of Residence in Baltimore. 10 years C 12,213

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Custodial Record)

(Address)

Filed 5/15 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1908

I HEREBY CERTIFY, That I attended deceased from Feb 27 1908 to May 15 1908

that I last saw h er alive on May 15 1908,

and that death occurred, on the date stated above, at 5.10 a m. CAUSE OF DEATH (Secondary or Immediate)

acute myocarditis

(DURATION) DAYS

Contributory (Primary.) abscess of liver

(DURATION) DAYS

(Signed) John T. Mosby M.D.

Address St Joseph's Hospital

Date May 15 1908

Place of Burial Mt Auburn

Date May 15 1908

Undertaker Chas. F. Evans

Address 118 N. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5 92

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13216

City of Baltimore, (No. 657 Sterling St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Gothard

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 7 1863
(Month) (Day) Year)

AGE 44 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Hopkins.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Gothard

(Address) 1113 Valley St

Filed 5/16 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 20 1908 to May 14 1908

that I last saw h[illegible] alive on May 14 1908,

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Catarrhal Pneumonia

&

Exhaustion.

(DURATION) 44 DAYS

Contributory Exhaustion

(DURATION) 10 DAYS

(Signed) J. B. Summers, M. D.

May 15 1908 (Address) 219 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	May 18 1908
UNDERTAKER	ADDRESS
H. C. Windefeld	914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 Registered No. B C.12217

CERTIFICATE OF DEATH.

159

(Place of Death.) No. 2024 E. Baltimore St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name John W. H. Geiger

{ Residence, if in Baltimore, Give Street and Number. } 2024 E Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 51 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Geiger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catharine Kraner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. P. Geiger Pr H&M

(Address) 2024 E Balto St

Filed 5/15 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Pistol

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners Office

Date May 15 1908

Place of Burial Greenmount Cemetery

Date May 17th 1908

Undertaker H. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1743 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Gilkerson.

{Residence, if in Baltimore, Give Street and Number.} 1743 Park ave.

Duration of Residence in Baltimore. 35 yrs. C.12218

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 30 1834

AGE: 73 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Wm A. Gilkerson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Mary Blake

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Stubbs

(Address) 1743 Park ave

Filed 5/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to 14/5 1908

that I last saw him alive on 14 May 1908,

and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Not Known Probably Cerebral

Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 819 Hamilton Terrace

Date May 15th 1908

Place of Burial Loudon Park

Date May 16th 1908

Undertaker E Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 S. Caulton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret J. Manion

{Residence, if in Baltimore, Give Street and Number.} 916 S. Caulton St.

Duration of Residence in Baltimore. 10 years

C. 12219

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 26 1875

AGE: 32 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Michael Manion

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Manion

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Manion

(Address) 916 S. Caulton St.

Filed 5/16" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 13th 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to May 13 1908

that I last saw her alive on May 12 1908

and that death occurred, on the date stated above, at 1.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) 18 mos DAYS

Contributory (Primary.)

Asthenia (DURATION) — DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Caulton St.

Date May 14 1908

Place of Burial New Cathedral

Date May 16th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

119

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12220

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 540 W. Preston St.; 11 Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Robert Foster

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary J. Foster

(Address) 540 W. Preston

Filed 5/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5 (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 6th 1908 to May 13th 1908 that I last saw h[illegible] alive on the 13th May 1908, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

14 (DURATION) DAYS

Contributory Acute Bright's Disease

(DURATION) DAYS

(Signed) R. M. Hall M. D.

May 15th 1908 (Address) 1019 Druid Hill av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: May 11 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C12221

OFFICE OF REGISTRAR OF VITAL STATISTICS.

79

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12221

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 609, George St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Moses Rayne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Black
DATE OF BIRTH: ——— (Month) 1 (Day) ——— (Year)	
AGE: 53 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Delaware Rayne
BIRTHPLACE OF FATHER (State or country)	Buckingham Co. Va
MAIDEN NAME OF MOTHER	Hembrick.
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W.E. Manley

(Address) 301 W. Monument St.

Filed 5/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1908 to May 12 1908 that I last saw h in alive on May 12 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Exhaustion following Valvular disease of the Heart.

(DURATION) Many DAYS

Contributory Chronic Fibrinous Pleurisy of long duration (DURATION) ——— DAYS

(Signed) W.E. Manley Jr. M.D.

May 15 1908 (Address) 301 W. Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Zion Cem'y	May 17 1908
UNDERTAKER	**ADDRESS**
John H Ammerson	1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 117 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis E. Cooper

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life C 12222

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Feb 4 1907

AGE ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Walter L. Cooper

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER M. R. Stell

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter L. Cooper

(Address) 117 Falls Road

Filed

5/16 1908

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Mal nutrition

(DURATION) 1/2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas. Guthrie M.D.

Address 18 N. Eutaw. Balto

Date May 15 08. 190 .....

Place of Burial St Marys Hampden

Date May 16 190 7

Undertaker W. E. Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

Registered No. B 012223

City of Baltimore, (No. 439 W 24th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Morris

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	April 23 1894 (Month) (Day) (Year)
AGE	14 years, — months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	James M. Morris
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Agnes M. Moriarty
BIRTHPLACE OF MOTHER (State or country)	Lynchburg Va.
OCCUPATION OF DECEASED	School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie F. Morris

(Address) 439 W. 24th St.

Filed 5/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 3, 1908 to May 15 1908 that I last saw h[illegible] alive on May 14 1908, and that death occurred, on the date stated above, at 8-45 A. M. The CAUSE OF DEATH was as follows:

Rheumatism (DURATION) 2 weeks DAYS

Contributory Heart failure (DURATION) DAYS

(Signed) M. F. Fair M. D.

May 16 1908 (Address) 12 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	May 16 1908
UNDERTAKER	**ADDRESS**
A F Philbin	1711 Mad ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 Registered No. B 013224

CERTIFICATE OF DEATH.

105

(Place of Death.) No 2340 Stockton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wallace R. Sheridan

{Residence, if in Baltimore, Give Street and Number.} 2340 Stockton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: C.

DATE OF BIRTH: Dec. 23 1907.

AGE: ..... years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jeremiah Sheridan

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Eliza Watkins

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jeremiah Sheridan

(Address) 2340 Stockton St.

Filed 5/16 1908 HARRY O. ANDREWS PERMT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th. 1908.

I HEREBY CERTIFY, That I attended deceased from May 15th 1908 to May 15th 1908, that I last saw h alive on May 15th 1908, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. De S. Kelly M.D.

Address 2240 Penna. Ave.

Date May 15th 1908.

Place of Burial Cut Prior

Date May 17 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

C12225 Registered No. B

CERTIFICATE OF DEATH.

85

(Place of Death.) No. Bnd. Genl. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of C. Wilson

{Residence, if in Baltimore, Give Street and Number.} Bnd. Genl. Hosp. Wilson

Duration of Residence in Baltimore. 8 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 8th 1908

AGE: ... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: C. Wilson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant W. W. Brian

(Address) Md General -

Filed 5/16 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 15th 1908

I HEREBY CERTIFY, That I attended deceased from May 8th 1908 to May 15th 1908 that I last saw h[illegible] alive on May 15th 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary) Purpura Hemmhagica

(DURATION) 8 DAYS

(Signed) W. W. Brian M.D.

Address Bnd. Genl. Hosp.

Date May 15th 1908

Place of Burial St. Peters

Date May - 16 - 1908

Undertaker J. W. H. Gaulthus

Address Potts & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE

BY SECTION 2, *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 Gurney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Young

{ Residence, if in Baltimore, Give Street and Number. } 802 Gurney St

Duration of Residence in Baltimore. Life C. 12226

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: March 1st 1908

AGE: — years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Frank Young

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Edna Willis

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Young

(Address) 802 Gurney St

Filed 5/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 ....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) Inanition

Tox (DURATION) ..... DAYS

(Signed) Wilson Baltzell M.D.

Address 700 Eaz. Av. Canton,

Date May 15th 1908

Place of Burial Mt Auburn Cemetery

Date May 16th 1908

Undertaker Felix J. Fuse.

Address 152 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 261 E. Preston St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Eileen Parlett

{ Residence, if in Baltimore, Give Street and Number. } 261 E. Preston St

Duration of Residence in Baltimore. Life C. 17227

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 12 1908

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Parlett

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Dora Pyle

BIRTHPLACE OF MOTHER (State or country): Hardford Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Parlett

(Address) 261 E. Preston st

Filed 5/16 1908 Registrar

HARRY C. ARNOLD, PERSONAL CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to May 15 1908 that I last saw her alive on May 15 1908 and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Jaundice

(DURATION) 2 DAYS

Contributory (Primary) Malnutrition

(DURATION) 1 DAYS

(Signed) H. F. Parlett M.D.

Address 261 E. Preston St

Date May 15 1908

Place of Burial Forrest Hill Hardford Co

Date May 16 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 12228

151

(Place of Death.) No. 2612 Francis St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Gaskin

{ Residence, if in Baltimore, Give Street and Number. } Same

Duration of Residence in Baltimore. life

C 12228

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 1st 1907

AGE: ..... years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Gaskin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Helen Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: George Gaskins

Address: 2612 Francis St

Filed 5/16 190 8 HARRY G. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

..... (DURATION) ..... DAYS

Contributory (Primary) Malnutrition

..... (DURATION) ..... DAYS

(Signed) Walter Smithwick M.D.

Address 1701 N. Charles St

Date May 15 190

Place of Burial Baltimore Md

Date May 16th 190

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C12229

OFFICE OF REGISTRAR OF VITAL STATISTICS. 68

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12229

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 314 Union ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margret Dread

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Unknown 1 (Month) (Day) Year)

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Charles McCourt

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Kelly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Browne

(Address) 314 Union Ave

Filed 5/16 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to May 14 1908 that I last saw her alive on May 14 1908, and that death occurred, on the date stated above, at 6.15 P. M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

(DURATION) 6 DAYS

Contributory Senilitis (DURATION) 1 year DAYS

(Signed) S. R. Wantz M. D.

May 15 1908 (Address) 5165 3rd Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL New Cathedral | DATE OF BURIAL May 17 1908

UNDERTAKER Martin Fisher & Son | ADDRESS 606 Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12280

Registered No. B

City of Baltimore, (No. 1326½ N Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edna Utterbaugh

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 28 (Day) 1908 (Year)

AGE: ... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 1326½ N. Fulton Ave

FULL NAME OF FATHER: George C. Utterbaugh

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Flora B. Sleyder

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Utterbaugh

(Address) 1326½ N. Fulton Ave

Filed 5/16 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Ap. 28 1908 to May 15 1908 that I last saw h er alive on " 15 1908, and that death occurred, on the date stated above, at 11.15 P. M. The CAUSE OF DEATH was as follows:

Premature Birth
Congenital debility

(DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) Chas. C. Conser M. D.

May 16 1908 (Address) 113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lorraine Cem

DATE OF BURIAL: 5-17 1908

UNDERTAKER: Robt Brockerson

ADDRESS: 175 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

C12231

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 919, Fulton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charlotte Ann Benson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 26 (Day) 1817 (Year)

AGE: 90 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: George Scherer

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Frances Hack

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Bell

(Address) 919 Fulton Ave

Filed 5/16" 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 15th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 26th 1908 to May 15 1908 that I last saw her alive on May 15 1908, and that death occurred, on the date stated above, at 9 10 P. M. The CAUSE OF DEATH was as follows:

Old age-

(DURATION) ..... DAYS

Contributory Shock from a fall on April 26th (DURATION) ..... DAYS

(Signed) Chas E. Sadtler M. D.

May 16 1908 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 18 1908

UNDERTAKER: Bertram W. Jose

ADDRESS: 1123 W. Lafayette Ave

Slipped one or two steps in her own house

GH

Franc Termin GH

Ward ..... C1232 Registered No. B 9r

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beatrice Cole

{ Residence, if in Baltimore, Give Street and Number. } 1208 Shields alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Born Dec. 18 1907

AGE ..... years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Josephine Cole

BIRTHPLACE OF MOTHER (State or country) Md "

OCCUPATION OF DECEASED Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant L. D. Mottram

(Address 1303 N. Gilmor St.

Filed 5/17 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 28 1908 to May 15 1908

that I last saw her alive on " " 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Spinal meningitis

(DURATION) 17 DAYS

Contributory (Primary) Bronchial Pneumonia

(DURATION) 20 DAYS

(Signed) W. W. Bowen M.D.

Address Md. Gen. Hosp.

Date May 15, 1908

Place of Burial Forest Lawn

Date May 17, 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B 12233 — 70

CERTIFICATE OF DEATH.

(Place of Death.) No. 544 Biddle alley — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ed. Banks

{ Residence, if in Baltimore, Give Street and Number. } 544 Biddle alley —

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: May 12 1903

AGE: 5 years, — months, 2 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Mary Banks

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bird

(Address) 1107 Druid Hill Ave

Filed 5/17 1908

BARRY O'F. AWKINS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 14th 1908

I HEREBY CERTIFY, That I attended deceased from May 14 1908 to May 14 1908

that I last saw him alive on May 14 1908,

and that death occurred, on the date stated above, at 11 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Spasms —

(DURATION) DAYS

Contributory (Primary.) Eating Crabs —

(DURATION) DAYS

(Signed) Samuel A. Bain M.D.

Address 619 W Biddle

Date May 16th 1908

Place of Burial Mt Auburn Cemetery

Date May 17 1908

Undertaker J. A. Bird

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B [illegible]

176

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert W. Humphries

{Residence, if in Baltimore, Give Street and Number.} 826 Woodyear St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Jan 24 1908

AGE 3 years, 22 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Humphries

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary A Williams

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Humphries

(Address) 825 Woodyear

Filed May 19 1908 HARRY G. ANDREWS, [illegible] CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxiated by being overlaid by mother in sleep.

Immediate (DURATION) DAYS

Contributory (Primary.) accident

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. (Govans)

Date May 15th 1908

Place of Burial Mt Auburn Cem

Date May 17th 1908

Undertaker Sam'l H. Shaw & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C

Registered No. B [illegible]

CERTIFICATE OF DEATH. 77

(Place of Death.) No. 1943 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Raymond Graham

{ Residence, if in Baltimore, Give Street and Number. } 1943 W. Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov. 8 1891

AGE 16 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hugh M. Graham.

BIRTHPLACE OF FATHER (State or country) Baltimore.

MAIDEN NAME OF MOTHER Ida Schaeffer.

BIRTHPLACE OF MOTHER (State or country) Baltimore.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugh M Graham

(Address) 1943 W Lombard St.

Filed 5/17 1908 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to May 15 1908

that I last saw h[illegible] alive on May 15 1908

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Immediate (DURATION) DAYS

Contributory (Primary.) Valvular Disease of Heart (DURATION) 6 Months DAYS

(Signed) Henry Stokes M.D.

Address Irvington

Date May 16 1908

Place of Burial Western Cemetery

Date May 17 1908

Undertaker Wm Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C15236 Registered No. B [illegible]

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 Hanover St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm Doorman

{Residence, if in Baltimore, Give Street and Number.} 616 Hanover St

Duration of Residence in Baltimore. Life & 18 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Moses Doorman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Silberman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Doorman

(Address) 616 Hanover st

Filed 5/17 1908 CLERK OF ARCHIVES Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 16 1908 that I last saw h im alive on May 15 1908, and that death occurred, on the date stated above, at 1.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Membranous Croup

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date May 16 1908

Place of Burial Hebrew Boardale Cemetery

Date May 17 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C. 12237 Registered No. D 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 502 East 26th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Edwin Holmes.

{Residence, if in Baltimore, Give Street and Number.} 502 East 26th St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 21 1908

AGE: ——years, ——months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm E. Holmes

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: ~~Sylvia Wigmore~~

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E. Holmes

(Address) 502 E 26th St.

Filed 5/17 1908. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 16 1908

I HEREBY CERTIFY, That I attended deceased from April 21 1908 to May 16 1908

that I last saw h~~im~~ alive on May 11 1908

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

2 yrs (DURATION) DAYS

Con~~tributory~~ (Primary) Asthenia

(DURATION) DAYS

(Signed) Reginald I. Tonry M.D.

Address 2208 York Road

Date May 16th 1908

Place of Burial London Park

Date May 17th 1908

Undertaker C. A. Niedefeld Jr.

Address 213 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 12238

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2501 E Fayette St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Kopp.

{Residence, if in Baltimore, Give Street and Number.} Salmons Dis

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 79 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Kopp.

(Address) 2324 E. Balto. St

Filed 5/07 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 5:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edgar Cullen M.D.

Address Corner Md

Date May 16 08 190

Place of Burial Western Cem.

Date May 18 1908

Undertaker Mundell Lippel Bro

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

012239

Registered No. B.....

City of Baltimore, (No. 2038, Keyser St.; ..... Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Warrington

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	colored

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Jones

(Address) 506 Rogers Ave

Filed 5/17 1908 ..... Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 1908 to May 14 1908

that I last saw him alive on May 1908,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Several months (DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) W W White M. D.

May 15 1908 (Address) 1101 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 17 1908
UNDERTAKER	ADDRESS
A. A. Elliott	506 Roger. Ave

Ward 2 Registered No. B

CERTIFICATE OF DEATH. 92

(Place of Death.) No. 1012 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Feddie Fredlansky

{Residence, if in Baltimore, Give Street and Number.} 1012 E. Lombard St. Fredlansky

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Femail

COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER H. Greenberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Chet Seigle

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. J. Greenberg

(Address) 1012 E. Lombard St

Filed 5/19 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to May 17 1908

that I last saw h alive on May 16 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Louis Blanke M.D.

Address 1707 Penna Ave

Date May 19 1908

Place of Burial Holma Hebrew Run

Date May 19, 1908

Undertaker Wm. Levinson

Address 1620 N. E. Eldorado st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V Registered No. B C.12241

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 305 S Bantlan St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Wilhelmina Gilster

{Residence, if in Baltimore, Give Street and Number.} 305 S Bantlan.

Duration of Residence in Baltimore. 10 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1

AGE 63 years, 7 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER August Meyer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Gilster

(Address) 201 S Pulaski St

Filed 5/17 1908 MARY O. AHERN, RECORDS CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1908

I HEREBY CERTIFY, That I attended deceased from May 10th 1908 to May 15th 1908

that I last saw her alive on May 14th 1908

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard St

Date May 15th 1908

Place of Burial St Pauls Cemetery Lorbrook

Date MAY 17 1908 1908

Undertaker Geo R Gerberg

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C.12,242 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1829 Covington st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. James Brophy

{ Residence, if in Baltimore, Give Street and Number. } 1829 Covington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ? 1

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: R R Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Brophy (Son)

(Address) 1829 Covington St

Filed 5/17 1908 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 15th 1908 that I last saw him alive on May 14 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrhage.

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) ... M.D.

Address 1428 Light St.

Date May 16 1908

Place of Burial Cathedral Cemetery

Date May 18 1908

Undertaker Daniel and Margt. H. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C.12243 Registered No. B

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 1611 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Mathew Gick

{Residence, if in Baltimore, Give Street and Number.} 1611 Frederick Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1907

AGE ..... 1 ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Adam Gick

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Gick

(Address) 1611 Frederick Ave

Filed 5/17 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16, 1908

I HEREBY CERTIFY, That I attended deceased from May 9, 1908 to May 15, 1908

that I last saw him alive on May 15 1908,

and that death occurred, on the date stated above, at 12:15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) E. A. Dickey M.D.

Address 14 N. Monroe St

Date May 16, 1908

Place of Burial New Cathedral

Date May 18" 1908

Undertaker W. S. Frush

Address 2113 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

C12244

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 223 N. Front St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann McQuade

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May (Month) 28 (Day) 1847 (Year)

AGE 60 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Paul Fogerty

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Blake

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann McQuade

(Address) 223 N. Front St.

Filed 5/17 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to May 15 1908, that I last saw her alive on May 15 1908, and that death occurred, on the date stated above, at 10:30 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 29 DAYS

Contributory Exhausting Coma.

(DURATION) 1 DAYS

(Signed) G. A. Shriede M. D.

May 16 1908 (Address) 153 W. Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL St. Vincent's Cemetery

DATE OF BURIAL May 18 1908

UNDERTAKER E. J. Fanning

ADDRESS Washington and Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 903 Hillen St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Willie Levin

{ Residence, if in Baltimore, Give Street and Number. } 903 Hillen St.

Duration of Residence in Baltimore. 1 yr 5 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 1 years, 5 months, — days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Max Levin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Friedman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Levin

(Address) 903 Hillen st

Filed 5/18 1908 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5-17 1908

I HEREBY CERTIFY, That I attended deceased from 5-16 1907 to 5-17 1908

that I last saw him alive on 5-16 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

Bronch-Pneumonia

2 weeks (DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) DAYS

(Signed) B. C. Katzoff M.D.

Address 116 N. Gilmor

Date 5-17 1908

Place of Burial Hebrew Woodlawn Cemetery

Date May 18 1908

Undertaker Max Levinson

Address 1620 McElderry st.

Funeral 7 A. M. May 18

WM. J. C. DULANY CO., BALTIMORE.

PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12246 Registered No.

CERTIFICATE OF DEATH. 9v

(Place of Death.) No. 115 N. High St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esten Gordon

{ Residence, if in Baltimore, Give Street and Number. } 115 N. High St.

Duration of Residence in Baltimore. 2 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femail | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Esron Gordon

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Israelson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Gordon

(Address) 115 N High st

Filed 5/18 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5-17. 1908

I HEREBY CERTIFY, That I attended deceased from 5-17 1908 to 5-17 1908 that I last saw h alive on 5-17 1908, and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchal Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) — DAYS

(Signed) S. C. Katzoff M.D.

Address 116 Bis Gwith St.

Date 5-17 1908

Place of Burial Hebrew Roadside Cemetery

Date May 18 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 12247

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 103 Jefferson St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name August. Orbin

{ Residence, if in Baltimore, Give Street and Number. } 103 Jefferson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: white
DATE OF BIRTH: May 5 1908	
AGE: ..... years ..... months 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Aug Orbin	
BIRTHPLACE OF FATHER (State or country): md	
MAIDEN NAME OF MOTHER: Mary Thompson	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Orbin

(Address) 103 Jefferson St

Filed 5/18/08 190.. HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from May 7 1908 to May 17 1908

that I last saw h.. alive on May 16 1908

and that death occurred, on the date stated above, at 5-3

A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Con'tributory (Primary) Congenital debility (DURATION) Life DAYS

(Signed) R. E. K. Campbell M.D.

Address 1644 Hanover St.

Date May 17 1908

Place of Burial Mt. Olivet Cemetery

Date May 18 1908

Undertaker Edw. I. Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. D .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hanford.

{ Residence, if in Baltimore, Give Street and Number. } 1814 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 1st 1872

AGE: 35 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Co.

FULL NAME OF FATHER: Don't Know.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Siefert

(Address) 208 Third St. Co.

Filed 5/18 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16, 1908.

I HEREBY CERTIFY, That I attended deceased from Apr. 22 1908 to May 16 1908 that I last saw h[illegible] alive on May 16 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary.) Chr Interstitial Nephritis & Mitral Incompetency (DURATION) 2 DAYS

(Signed) Eugene L. Parsons M.D.

Address St. Joseph's Hospital

Date May 16. 1908.

Place of Burial Sacred Heart Cemetery

Date MAY 18 1908

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B C.12249 93

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Stübenger

{Residence, if in Baltimore, Give Street and Number.} 2224 Bank St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1856

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Peter J. Stübenger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles B. Potter

(Address) 2224 Bank St.

Filed 5/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 16 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to May 16 1908

that I last saw h... alive on May 16 1908 10

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac and Respiratory Failure

(DURATION) ... DAYS

Contributory (Primary) Pneumonia

(DURATION) ... DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date May 16 1908

Place of Burial Bachmans Cem

Date MAY 19 1908

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C12250

Registered No. B

City of Baltimore, (No. 1117, Harlem Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John J. Hopewood

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH January 19th 1839 (Month) (Day) (Year)

AGE 69 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Hopewood

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Mary Hooper

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evelyn Hopewood

(Address) 1117 Harlem Ave

Filed 5/18 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 9th 1908 to May 15th 1908 that I last saw h[im] alive on May 15th 1908, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) 36 DAYS

Contributory —

(DURATION) DAYS

(Signed) Eugene Douglas M. D.

May 15th 1908 (Address) 830 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Druid Ridge

DATE OF BURIAL May 18 1908

UNDERTAKER Wm Cook

ADDRESS 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

166

CERTIFICATE OF DEATH

(Place of Death.) No. Mo University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Harvey

{Residence, if in Baltimore, Give Street and Number.} 731 Dawson al

Duration of Residence in Baltimore. Life C. 12251

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR C

DATE OF BIRTH ..... 1 .....

AGE 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) B.

FULL NAME OF FATHER Wm Harvey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Isabella Cook

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fanny Brown

(Address) 114 Vellenneally

Filed 5/18 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1908

I HEREBY CERTIFY, That I attended deceased from as Corner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

Shock & Hemorrhage due to multiple injuries Run over by cart. 10 & 1 accident DURATION DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) D Martin M.D.

Address 66

Date May 16 1908

Place of Burial Mt Auburn Cem

Date 5-18 1908

Undertaker John H. Toadvine

Address 1424 Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B [illegible]

CERTIFICATE OF DEATH. 21

(Place of Death.) No. 131 N. Baxter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Hauchner

{Residence, if in Baltimore, Give Street and Number.} 131 N Baxter st

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH [illegible] 1

AGE 41 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Weisman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Weisman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Hauchner

(Address) 131 N Baxter st

Filed 5/18 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH may 16 1908

I HEREBY CERTIFY, That I attended deceased from april 28 1908 to may 16 1908

that I last saw her alive on 16 15 1908

and that death occurred, on the date stated above, at 12.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

one year (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton ave

Date may 16 1908

Place of Burial 1st Evan. Lutheran Com

Date May 18 th 1908

Undertaker Jno. A. Horan

Address Bank Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C. 12253.

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 113 N. Monroe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph P. Hagerty

{ Residence, if in Baltimore, Give Street and Number. } 113 N. Monroe

Duration of Residence in Baltimore. Life

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patrick J. Hagerty

BIRTHPLACE OF FATHER (State or country) N. Y.

MAIDEN NAME OF MOTHER Mary Hertel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patk. J. Hagerty

(Address) 1132 Montford ave.

Filed 5/18 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7½ a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carullner M.D.

Address Coroners Dept

Date May 17 — 08 1908

Place of Burial Cathedral Bonnie Brae Cem.

Date May 19th 1908

Undertaker Jno. G. Inman

Address Baltimore

WM. J. C. DULANY CO., BALTIMORE

Ward ..... C 12254 Registered No. B.....

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Brennan

{Residence, if in Baltimore, Give Street and Number.} Wm Brennan

C. 12254

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 28 about years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wm Brennan

BIRTHPLACE (State or country): - -

FULL NAME OF FATHER: - - - -

BIRTHPLACE OF FATHER (State or country): - - - -

MAIDEN NAME OF MOTHER: - - - -

BIRTHPLACE OF MOTHER (State or country): - -

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Brennan

(Address) 1216 N. Caroline St

Filed 5/18 1908

HENRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 2 1908

I HEREBY CERTIFY, That I attended deceased from Chronic Cause 190 to 190

that I last saw him alive on 190 ,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate) Struck from behind with leg accidentally crushed off by B & O train

(DURATION) 1 DAYS

Contributory (Primary.) Accident

Struck by train (DURATION) DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N. Caroline St

Date May 10 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 15 1908 190

Undertaker Commissioner Health.

Per Wm. E. WOODALL,

Address

FOR ANATOMICAL PURPOSES

(Over)

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

40

rec

I. GENERAL DISEASES.

(A.) Epidemic diseases.

1. Typhoid fever
2. Exanthematic typhus
3. Relapsing fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic diseases

(B.) Other general diseases.

20. Septicemia
21. Glanders and farcy
22. Malignant pustule and charbon
23. Rabies
24. Actinomycosis, trichinosis, etc.
25. Pellagra
27. Tuberculosis of lungs
26. Tuberculosis of larynx
28. Tuberculous meningitis
29. Abdominal tuberculosis
30. Pott's disease
31. Tuberculous abscess
32. White swelling
33. Tuberculosis of other organs
34. General tuberculosis
35. Scrofula
36. Syphilis
37. Gonorrhea of the adult
38. Gonorrheal infections of children
39. Cancer of mouth
40. Cancer of stomach and liver
41. Cancer of intestines and peritoneum
42. Cancer of genital organs
43. Cancer of breast
44. Cancer of skin
45. Cancer of other or unspecified organs
46. Tumor (noncancerous).
47. Acute articular rheumatism
48. Chronic rheumatism and gout
49. Scurvy
50. Diabetes
51. Exophthalmic goiter
52. Addison's disease
53. Leukemia
54. Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professional intoxications
59. Other chronic poisonings
55. Other general diseases

II. DISEASES OF THE NERVOUS SYSTEM.

60. Encephalitis
61. Meningitis
62. Locomotor ataxia
63. Other diseases of spinal cord
64. Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis of insane
68. Other forms of meutal disease
69. Epilepsy
70. Convulsions (nonpuerperal)
71. Convulsions of children
72. Tetanus
73. Chorea
74. Other diseases of nervous system
75. Diseases of the eye and its adnexa
76. Diseases of the ear

III. DISEASES OF THE CIRCULATORY SYSTEM

77. Pericarditis
78. Endocarditis
79. Heart disease
80. Angina pectoris
81. Diseases of arteries
82. Embolism and thrombosis
83. Diseases of veins
84. Diseases of lymphatics.
85. Hemorrhages (except of lungs)
86. Other diseases of circulatory system

IV. DISEASES OF THE RESPIRATORY SYSTEM.

87. Diseases of nasal fossae
88. { Laryngitis / Other diseases of larynx
89. Diseases of the thyroid body
90. Acute bronchitis
91. Chronic bronchitis
92. Bronchopneumonia
93. Pneumonia
94. Pleurisy
95. Congestion of lungs
96. Gangrene of lungs
97. Asthma
98. Emphysema
99. { Hemorrhage of lungs / Other diseases of respiratory system

V. DISEASES OF THE DIGESTIVE SYSTEM.

100. Diseases of mouth
101. { Tonsilitis / Diseases of pharynx
102. Diseases of esophagus
103. Ulcer of stomach
104. { Gastritis / Other diseases of stomach
..... Dentition
105. Diarrhea and enteritis (under 2 years)
106. Diarrhea and enteritis (2 years and over)
107. Intestinal parasites
108. { Hernia / Obstruction of intestines
109. Other diseases of intestines
110. Acute yellow atrophy of liver
111. Hydatid tumors of liver
112. Cirrhosis of liver
113. Biliary calculi
114. Other diseases of liver
115. Diseases of spleen
116. Peritonitis (nonpuerperal)
118. Appendicitis
117. Other diseases of digestive system

VI. DISEASES OF THE GENITO-URINARY SYSTEM.

119. Acute nephritis
120. Bright's disease
121. Other diseases of kidneys
122. Calculi of urinary tract
121. Diseases of bladder
124. Diseases of urethra, urinary abscess, etc.
125. Diseases of prostate
126. Nonvenereal diseases of (male) genital organs
127. Metritis
128. Uterine hemorrhage (nonpuerperal)
129. Uterine tumor (noncancerous)
130. Other diseases of uterus
131. Ovarian tumors
132. { Diseases of tubes / Other diseases of female genital organs
133. Nonpuerperal diseases of the breast (cancer excepted)

VII. CHILDBIRTH.

134. Accidents of pregnancy
135. Puerperal hemorrhage
136. Other accidents of labor
137. Puerperal septicemia
138. Puerperal convulsions
139. Puerperal phlegmasia alba dolens
140. Other puerperal accidents
141. Puerperal diseases of the breast

VIII. DISEASES OF THE SKIN.

142. Gangrene
143. Carbuncle
144. Abscess
145. Other diseases of skin

IX. DISEASES OF THE LOCOMOTOR SYSTEM.

146. Diseases of bones
147. Diseases of joints
148. Amputation
149. Other diseases of organs of locomotion

X. MALFORMATIONS.

150. { Hydrocephalus / Congenital malformation of heart / cyanosis / Other congenital malformations

XI. EARLY INFANCY.

151. { Premature birth / Congenital debility
152. Other diseases of early infancy
153. Lack of care

XII. OLD AGE.

154. Old age

XIII. VIOLENCE.

155. Suicide by poison
156. Suicide by asphyxia
157. Suicide by hanging or strangulation
158. Suicide by drowning
159. Suicide by firearms
160. Suicide by cutting instruments
161. Suicide by jumping from high places
162. Suicide by crushing
163. Other suicides
164. Fractures
165. Dislocations
167. Burns and scalds
168. Burning by corrosive substances
169. Heat and sunstroke
170. Cold and freezing
171. Lightning
172. Drowning
173. Starvation, privation, etc.
174. Inhalation of poisonous gases
175. Other accidental poisonings
160. { Accidental gunshot wounds / Injuries by machinery / Injuries in mines and quarries / Railroad accidents and injuries / Injuries by horses and vehicles / Other accidental traumatisms
176. { Suffocation / Injuries at birth / Homicide / Other external violence

XIV. ILL-DEFINED DISEASES.

177. "Dropsy"
178. Sudden death
179. { Heart failure / Inanition (over 3 months) / Debility (over 3 months) / Marasmus (over 3 months) / Fever / Other ill-defined diseases / Unknown

Undertaker's Certificate. Coll. Mrs. Clyburn Thos.
Man. Negro Female Colored
Father Brown Co. S.C.
2476, 24.
C 12254

Ward .....

C12255

CERTIFICATE OF DEATH.

C12255

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Very

{ Residence, if in Baltimore, Give Street and Number. } 1204 Myrtle ave

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 1862

AGE 45 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dankhardt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mc Carron

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto J. H. Very

(Address) 1204 Myrtle

Filed 5/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1908

I HEREBY CERTIFY, That I attended deceased from Apr 30 1908 to May 16 1908 that I last saw h-ed alive on May 16 1908, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of heart. + Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma of breast with metastasis (DURATION) 2 years DAYS

(Signed) John T. Moore M.D.

Address St Josephs Hosp.

Date May 16 1908

Place of Burial Loudon Park Cem.

Date May 18 1908

Undertaker W. J. Tuckey & Bro

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. C12256

(Place of Death.) No. 38 E. Fort Ave. St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Elizabeth A. Sebree

{Residence, if in Baltimore, Give Street and Number.} 38. E. Fort Ave.

Duration of Residence in Baltimore. 3 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 9th. 1834

AGE: 74 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Thomas Sebree

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Nancy Sebree

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Luttrell

(Address) 623½ Columbia Ave.

Filed 5/18 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17 1908

I HEREBY CERTIFY, That I attended deceased from May 6 1908 to May 17 1908 that I last saw her alive on May 17 1908 and that death occurred, on the date stated above, at 1.00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Int Nephritis (Brights Disease)

(DURATION) DAYS

Contributory (Primary.) Endocarditis (Heart failure)

(DURATION) DAYS

(Signed) J. M. Dellevett M.D.

Address 623 Columbia Ave

Date May 17 1908

Place of Burial Kirkmarnock Wharf Va

Date May 18th 1908

Undertaker William M. Gawthrop

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

012257

Registered No. B.....

City of Baltimore, (No. 329 S. Bond. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Nowakowski

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1 (Month) (Day) Year)
AGE	..... years, 5 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Peter Nowakowski
BIRTHPLACE OF FATHER (State or country)	Russia Poland
MAIDEN NAME OF MOTHER	Stanislawa Golombeska
BIRTHPLACE OF MOTHER (State or country)	Russia Poland.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Nowakowski

(Address) 329 S. Bond St

Filed 8/18 1908 MARRY O: ADDRESS. PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to May 17 1908 that I last saw he alive on May 16 1908, and that death occurred, on the date stated above, at 11 30 A.M. The CAUSE OF DEATH was as follows:

Marasmus.

I have seen this child only once

at my office (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) R. C. Armistead M. D.

May 17 1908 (Address) 116 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	May 8 1908
UNDERTAKER	**ADDRESS**
M. F. Sadowski	703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

C. 12058

CERTIFICATE OF DEATH. 47

(Place of Death.) No. 938 E. Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Matilda Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 938 E. Pine St —

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1860

AGE 48 years, \ months, \ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) St Marys Co. Md.

FULL NAME OF FATHER Jacob Clark

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Matilda Clark

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Harris

(Address) 1018 Shield alley

Filed 5/18/1908 MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 16 1908 that I last saw h[er] alive on May 16 1908, and that death occurred, on the date stated above, at 7 20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation =

Valvular Cardiac Lesion

(DURATION) DAYS

Con ributory (Primary.) Acute Rheumatism

(DURATION) 6 Weeks

(Signed) Jno. J. Chisel M D M.D.

Address 901 Myrtle Ave

Date May 17. 1908

Place of Burial St Peters Cemetery

Date May 19 1908

Undertaker Felix. B. Pyle,

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

TE OF MARYLAND :
Y OF BALTIMORE : to wit:

I hereby certify that on this 8th day of June, in the year eteen hundred and eight, before the subscriber, a Notary Public of the te of Maryland, in and for the City of Baltimore aforesaid, personally eared Dr. John G Stiefel, and made oath in due form of law that the e of Matilda Dorsey, as written in her certificate of death dated 16th, 1908, should have been Martha Dorsey, the error was a result of information.

John G. Stiefel M.D.

SUBSCRIBED and sworn to before me this 8th day of June, 1908.

Lary O'Hare Jr NOTARY PUBLIC.

C-122258

1. 7
2
3. 1
4. 1
5
6. 2
7.
8.
9.
10.
11.
12.
13.
14
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
26.
27.
28.
29.
30.
31.
32.
33.
34.
35.
36.
37.
38.
39.
40.
41.
42.
43
44
45
46
47.
48.
49.
50
51.
52.
53.
54
56.
57
58
59
60

(Unknown

(cancer excepted)

Tetanus
Chorea

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1027 Homewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm C. F. Ward

{Residence, if in Baltimore, Give Street and Number.} 1027 Homewood Ave

Duration of Residence in Baltimore. Life C. 12259

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 24th 1878

AGE 30 years, 2 months, 22 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hugh Ward

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Gorman

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1027 Homewood Ave

Filed 5/18 1908 [illegible] Registrar

~~MARRIAGE PERMIT GIVEN~~

129 N. Broadway

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16, 1908

I HEREBY CERTIFY, That I attended deceased from Febr. 20 1908 to May 16 1908

that I last saw h[illegible] alive on May 16 1908

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart-Failure

(DURATION) ? DAYS

Contributory (Primary.) Acute Tuberculous Pneumonia (DURATION) 9 DAYS

(Signed) S. Wolman M.D.

Address ~~May 16~~ 124 N. Broadway

Date May 16, 1908

Place of Burial Cathedral

Date May 19. 1908.

Undertaker H. C. Hudefeld

Address 914 Greenmount Ave

W.M. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1128 Clarkson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret A Spriggs

{Residence, if in Baltimore, Give Street and Number.} 1128 Clarkson St

Duration of Residence in Baltimore. 50 yr. C.12260

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Dont know

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rachael Spriggs daughter

(Address) 1128 Clarkson St

Filed 5/18 1908

WARD O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) H. M. Leinhardt M.D.

Address Coroner

Date May 18 1908

Place of Burial Allegany Cem

Date May 20 1908

Undertaker G L Brown & Son

Address 108 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 1341 Cookeie St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry W Hockemeier

{Residence, if in Baltimore, Give Street and Number.} 1341 Cooksie St.

Duration of Residence in Baltimore. 25 yrs C. 1026 1

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 25 1856

AGE: 51 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Veronica Hockemeier (wife)

(Address) 1341 Cooksie St

Filed 5/18 1908

HARRY O. ARMISTEAD
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at —

— M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Hanging

..... (DURATION) ..... DAYS

Con'ributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Geo M Gaithard M.D.

Address Coroner

Date May 18 1908

Place of Burial Cedar Hill

Date May 19 1908

Undertaker Jos. Stansbury

Address 1818 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, STATE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

79

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12262

Registered No. B.....

City of Baltimore, (No. 1212, Marshall St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Vogel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May (Month) (Day) 1833 (Year)

AGE 75 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Vogel

(Address) 1236 Light St.

Filed 5/18 1908 HARRY O. ARMENTI PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 16th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 17th 1908 to Mar. 16th 1908 that I last saw her alive on 16th May 1908, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Mitral Regurgitation with Dilatation of Heart

Do not Know (DURATION) ..... DAYS

Contributory Asthenia

(DURATION) 4 DAYS

(Signed) Wm Gombel M. D.

May 15th 1908 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL Holy Cross M'Co. | DATE OF BURIAL May 18 1908

UNDERTAKER Jos. Hunteback | ADDRESS 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 27 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benj. H. Santmeyer

{ Residence, if in Baltimore, Give Street and Number. } 27 E. Randall St

Duration of Residence in Baltimore. Life C. 12263

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH April 7 1908

AGE — years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Mark Santmeyer

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sadie Joynes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mark Santmeyer

(Address) 27 E. Randall

Filed 5/18 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from April 7 1908 to May 17 1908

that I last saw h in alive on May 16 1908,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Premature Birth

7 mo. Inter-Gestation (DURATION) DAYS

(Signed) R. L. Campbell M.D.

Address 1644 Hanover

Date May 18 1908

Place of Burial Cedar Hill

Date May 18 1908

Undertaker Jos. Stumtebeck

Address 518 Light St.

WM. J. C. DULANY CO., BALTIMORE

66

CERTIFICATE OF DEATH.

(Place of Death.) No. #1747 E. North Ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Eliza J. Gittings

{ *Residence, if in Baltimore, Give Street and Number.* } #1747 E. North Ave.

Duration of Residence in Baltimore. Life Time

C.12264

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 1843 1
AGE	64 years, 10 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Thos. Henry
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Gittings

(Address) 1747 E. North Ave

Filed 5/18 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16th 1908

I HEREBY CERTIFY, That I attended deceased from May 13th 1908 to May 16th 1908

that I last saw h[illegible] alive on May 13th 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

H Emphysema Three (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. C. Storer M.D.

Address 1504 E. Eager St.

Date May 19th 1908

Place of Burial Baltimore Cemetery

Date 5/19/08 190

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

36

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Harris

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

C. 12265

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: April 12, 1908

AGE: ..... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 5/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 22 1908 to May 16 1908 that I last saw him alive on May 16 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 7 DAYS

Contributory (Primary.) Congenital Syphilis (DURATION) Life DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date May 18. 1908

Place of Burial Cathedral Cemetery

Date May 18 '08

Undertaker Peter B. Pyne

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 717 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas M. Lanahan

{Residence, if in Baltimore, Give Street and Number.} 717 N. Charles street

Duration of Residence in Baltimore. 68 years C. 12266

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 81 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Thomas M. Lanahan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Lanahan

(Address) Baltimore Co. Md.

Filed 5/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to May 17 1908 that I last saw h alive on May 16 1908, and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis

(DURATION) DAYS

Contributory (Primary. Pulmonary congestion (DURATION) 2 DAYS

(Signed) Julius Friedenwald M.D.

Address 1013 N Charles St

Date May 18 1908

Place of Burial Greenmount Cemetery

Date May 19th 1908

Undertaker Stewart & Mowen Co

Address 215 & 217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr Friedenwald

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C. 12207

(Place of Death.) No. 1315 John St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Wood Thomas.

{ Residence, if in Baltimore, Give Street and Number. } 1315 John St.

Duration of Residence in Baltimore. 55 year.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 11th 1853

AGE 55 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Myl.

FULL NAME OF FATHER John Chew Thomas.

BIRTHPLACE OF FATHER (State or country) Anne Arundel Co.

MAIDEN NAME OF MOTHER Jane Lawrence Buckley

BIRTHPLACE OF MOTHER (State or country) New York City. N.Y.

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton E. Pole.

(Address) 1315 John St.

Filed 5/18/ 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 7 1908 to May 16 1908 that I last saw him alive on May 16 1908, and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

(DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) Thos. P. McCormick M.D.

Address 1421 Eutaw Place

Date May 17 1908

Place of Burial Loudon Park Cemetery

Date May 19 1908

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... 1 .....

CERTIFICATE OF DEATH.

21

(Place of Death.) No. 933 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Hlavinka

{ Residence, if in Baltimore, Give Street and Number. } 933 N Chapel St

Duration of Residence in Baltimore. Life

C 12268

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 18 years, 6 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Thomas Hlavenka	
BIRTHPLACE OF FATHER (State or country): Bohemia	
MAIDEN NAME OF MOTHER: Annie Rybak	
BIRTHPLACE OF MOTHER (State or country): Bohemia	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hlavenka

(Address) 933 N Chapel St

Filed 5/18 1908

HARRY C. ANDREWS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from Feb 20 1908 to May 16 1908, that I last saw him alive on May 16 1908, and that death occurred, on the date stated above, at 1230 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

8 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Emmes M.D.

Address 1226 N Wolfe St

Date May 17 1908

Place of Burial Holy Redeemer

Date May 19 1908

Undertaker Frank Enoch and Son

Address 1914 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. C. 12269

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 N. Montford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Pecka

{ Residence, if in Baltimore, Give Street and Number. } 239 N Montford Ave

Duration of Residence in Baltimore. 37 yrs C. 12269

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Grant Bolek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Pecka

(Address) 239 N Montford

Filed 5/18 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 17 1908

that I last saw her alive on " 1908

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

old age

(DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) DAYS

(Signed) Wm J. Ryan M.D.

Address 200 S Athol Ave

Date May 18 1908

Place of Burial Oak Hill

Date May 19 1908

Undertaker Grant Brach and Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

66

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C1227.0

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1141 Park Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine E. Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: colored
DATE OF BIRTH: ——— (Month) 1 (Day) ——— (Year)	
AGE: 76 years, ——— months, ——— days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	John Rolle
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Freeman Brooks

(Address) 1141 Park Ave

Filed 5/19" 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 11th 1908 to May 18th 1908 that I last saw her alive on May 17th 1908, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

Had old Hemiplegia of 3 years standing. May 11th another attack

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) A K Bond M. D.

May 18 1908 (Address) 849 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	May 21 1908
UNDERTAKER: Alex. Hemsley	ADDRESS: 578 W. Biddle St

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 1705 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susie L. O'Brien

{Residence, if in Baltimore, Give Street and Number.} 1705 Presstman St

Duration of Residence in Baltimore. Lifetime C. 12271

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ——— 1

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frank O'Brien

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Dutton

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary O'Brien

(Address) 1705 Presstman St

Filed 5/19 1908 HARRY O. ANDREWS. Registrar
PERMIT CLERK)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to May 16 1908

that I last saw her alive on May 16 1908

and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) L. S. Hawkins M.D.

Address 1202 N. Howard

Date May 18 1908

Place of Burial Loudon cem.

Date May 19 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12272
46

Registered No. B.....

City of Baltimore, (No. 2724, 11 Chadest St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Carroll Conklin Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 30th (Month) ..... (Day) 1881 (Year)

AGE: 26 years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Charles A Conklin.

BIRTHPLACE OF FATHER (State or country): Riverhead L. I.

MAIDEN NAME OF MOTHER: Mary V. Lyons.

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: Book Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas. A. Conklin Jr.

(Address) 309 E 25th st

Filed 5/19" 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17th (Month) ..... (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 17th 1908.

that I last saw him alive on May 16 1908,

and that death occurred, on the date stated above, at 4.45 A. M. The CAUSE OF DEATH was as follows:

Pneumonia. (Central)

(DURATION) 4 DAYS

Contributory Angina Pectoris

(DURATION) 2 Yrs DAYS

(Signed) H. C. C. Bickler M. D.

May 17th 1908 (Address) 1196 Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 309 E 25 St. How long at Place of Death? 5 Days.

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: May 19 1908

UNDERTAKER: E M Mitchell

ADDRESS: 1201 E Fayette st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12273

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 2312 Callow Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mr. James Flaherty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 3 (Day) 1812 (Year)

AGE: 96 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Caroline Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thos. J. Flaherty

(Address) 2312 Callow Ave

Filed 5/19 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 17th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 1880 190 to 17 May 1908 that I last saw him alive on 17 May 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Senile decay

(DURATION) XX DAYS

Contributory Diarrhoea

(DURATION) 4 DAYS

(Signed) J. Louis Engle M. D.

May 1908 (Address) 1007 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudan Park — DATE OF BURIAL: May 20 1908

UNDERTAKER: E M Mitchell — ADDRESS: 1201 N Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimo.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C12274 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

C12274

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 122 S. Chester St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Paff

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. (Month) (Day) 1844 (Year)

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Paff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary A. Friendlein

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary Paff

(Address) 122 S. Chester

Filed 5/19 1908

HARRY O'T ANDREWS, CITY CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to May 17th 1908 that I last saw h[illegible] alive on May 16th 1908, and that death occurred, on the date stated above, at 6.45 P. M. The CAUSE OF DEATH was as follows:

Thrat. Re Gurgitation
& Cardiac Hypertrophy (DURATION) ..... DAYS
Contributory Cardiac Exhaustion (DURATION) ..... DAYS

(Signed) Arthur Hebb M. D.
5/19 1908 (Address) 2011 E. Pratt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Bonnie Brae

DATE OF BURIAL May 21 1908

UNDERTAKER Jos. J. Iken

ADDRESS 1914 E. Fayette

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1701 Latrobe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise Steele.

{Residence, if in Baltimore, Give Street and Number.} 1701 Latrobe St.

Duration of Residence in Baltimore. 5 years. C 12275

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 34 years, — months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henson Steel

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rachel Steel

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 1701 Latrobe St

Filed 5/19 1908 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 18th May 1908

I HEREBY CERTIFY, That I attended deceased from 5th May 1908 to 18th May 1908

that I last saw h e alive on 16th May 1908,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Several (DURATION) DAYS

Con'ributory (Primary) Pulmonary Tuberculosis several months (DURATION) DAYS

(Signed) E. W. Bayle M.D.

Address 1508 E. Madison St

Date 18th May 1908.

Place of Burial Laurel

Date May 19 — 1908

Undertaker R. A. Elliott

Address 506 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. D [illegible] 108

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gil Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Chase,

{ Residence, if in Baltimore, Give Street and Number. } 2335 Division St

Duration of Residence in Baltimore. 2 4 Years C. 12276

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: May 12 1884

AGE: 24 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Calvert Co. Md.

FULL NAME OF FATHER: Richard W. Chase

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md

MAIDEN NAME OF MOTHER: Gracie Thomas

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo. Grimes

(Address) 2335 Division St.

Filed 5/19 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1908

I HEREBY CERTIFY, That I attended deceased from May 7 1908 to May 16 1908 that I last saw h— alive on May 16 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Paralysis

(DURATION) DAYS

Contributory (Primary) Surgical Operation (for Hernia) a.d.s.

(DURATION) DAYS

(Signed) H. M. Lear M.D.

Address Md. Gil Hospital

Date May 17 1908

Place of Burial Governor Run Md

Date May 20th 1908

Undertaker JAMES H. DENNIS,

Address 1332 PRESSTMAN ST

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1337 Woodyer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Campbell

{Residence, if in Baltimore, Give Street and Number.} 1337 Woodyer St

Duration of Residence in Baltimore. about 15 yrs

C 2277

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Colrd

DATE OF BIRTH: 1886

AGE: 22 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Montgomery Co Md

FULL NAME OF FATHER: Robert Campbell

BIRTHPLACE OF FATHER (State or country): Montgomery Co Md

MAIDEN NAME OF MOTHER: Caroline Lewis

BIRTHPLACE OF MOTHER (State or country): Montgomery Co.

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lewis

(Address) 1337 Woodyear st

Filed 5/19 1908

MARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

about four mos. (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Lucas Baldwin M.D.

Address 700 Log. av. (Comb.)

Date May 18th 1908

Place of Burial Catonsville Md

Date May 20th 1908

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 Registered No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 St. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa L. Ewalt.

{Residence, if in Baltimore, Give Street and Number.} 1117 St. Gay st

Duration of Residence in Baltimore. City C 12278

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 1843

AGE 65 years, 3 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Samuel Walker

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susan Turner

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ewald.

(Address) 1117 N. Gay st

Filed 5/19 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 18 1908 190

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to May 17 1908 that I last saw h[illegible] alive on May 17 1908, and that death occurred, on the date stated above, at 3 40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo S Seignetts M.D.

Address 108 N. Broad St.

Date MAY 18 1908 190

Place of Burial Mt. Olivet. Cem.

Date MAY 20 1908 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 202 S. Durham St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles C. Chiswal

{ Residence, if in Baltimore, Give Street and Number. } 202 S. Durham St.

Duration of Residence in Baltimore. Life C. 12279

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 25 " 1879

AGE 29 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William A. Chiswal

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Sarah J. Seaman

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Chiswal

(Address) 202 S. Durham St

Filed 5/19 1908 HARRY G. ARMSTRONG, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16th 1908

I HEREBY CERTIFY, That I attended deceased from May 7th 1908 to May 16th 1908

that I last saw h im alive on May 16th 1908

and that death occurred, on the date stated above, at 4:10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 2 DAYS

Con'ributory (Primary.) Lagrippe

(DURATION) 8 DAYS

(Signed) Wm. F. Johnson M.D.

Address 2017 E. Baltimore St.

Date May 18th 1908

Place of Burial St Paul's Cemetery

Date May 19 " 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under h ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Daniel

{ Residence, if in Baltimore, Give Street and Number. } 1824 N Pulaski St.

Duration of Residence in Baltimore. life C.12280

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 3 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jno Daniel

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Sanders

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Brudnes

(Address) 1824 Mulberry

Filed 5/19 1908 HARRY C. AMBROSE PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 12 1908 to May 19 1908 that I last saw him alive on May 19 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis (T.B.?)

(DURATION) 8 DAYS

Contributory (Primary.) Bronchio-Pneumonia (DURATION) 4 DAYS

(Signed) Edward Bagley M.D.

Address Hebrew Hospital

Date May 19 1908

Place of Burial Druid Hill

Date May 20 1908

Undertaker W. J. Dickson & Son

Address Lanvale & Park

WM. J. C. DULANY CO., BALTIMORE.

otice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant & Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas Flynn.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant & Asy.

Duration of Residence in Baltimore. C. 12281

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH March 4 1901

AGE ..... years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER John Flynn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Kane

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant

(Address)

Filed 5/19 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at 5 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) R Maslin M.D.

Address 1002 W Lex. ave

Date May 18 1908

Place of Burial Harrisburg Pa

Date May 19th 1908

Undertaker H Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Dillon

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. C. 2282

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH April 27 1908

AGE ..... years, ** months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincent's Inf. Asy.

(Address)

Filed 5/19 1908 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Exanthem

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) R. Mallon M.D.

Address 1002 W Lexington

Date May 18 1908

Place of Burial New Cathedral

Date May 19 1908

Undertaker Martin Gahn & Son

Address 611 E Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Brown

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Inf. Asy.

Duration of Residence in Baltimore.. C. 1908

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C.

DATE OF BIRTH Feb. 8 1908

AGE ..... years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 5/19 1908 HARRY C. ANDREWS, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate

Inanition

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) P. S. Martin M.D.

Address 1002 W Laf. ave

Date May 18. 1908

Place of Burial New Cathedral

Date May 19 1908

Undertaker Martin Gurley & Son

Address 616 Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certi ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

45

(Place of Death.) No. 1245 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher J. Francis.

{Residence, if in Baltimore, Give Street and Number.} 1245 E. Madison St.

Duration of Residence in Baltimore. Life

C 12284

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	48 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	J. M. Francis.
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Catherine Bruce.
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Informant Jeanette Frances.

Address 1245 E. Madison St

Filed 5/19 1908

HARRY CT. AMBROSE
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to May 18 1908

that I last saw h— alive on May 17 1908,

and that death occurred, on the date stated above, at 12

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia.

.....(DURATION) DAYS

Contributory (Primary) Pulmonary Carcinoma.

.....(DURATION) DAYS

(Signed) M. L. Tardy M.D.

Address 1202 E. Monument St

Date May 18 1908

Place of Burial Greenmount

Date May 21 1908. 1908

Undertaker Wm Cook

Address 850 E Eutaw

WM. J. C. DULANY CO., Baltimore.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

45

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Price

{Residence, if in Baltimore, Give Street and Number.} 1811 Maryland Avenue

Duration of Residence in Baltimore. C. 12285

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 48 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Della Wakeland

(Address) 1811 Maryland Ave

Filed 5/19 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK!

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 18 1908

that I last saw her alive on May 18 1908

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Operative Shock.

(DURATION) DAYS

Contributory (Primary)

Cancer of Rt. Kidney (DURATION) DAYS

(Signed) Ernest F. K. Cullen M.D.

Address John Hopkins Hospital

Date May 18 1908

Place of Burial Lorraine Cem.

Date May 21/08 190

Undertaker Lem Good

Address 502 E Hartl

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. McGlennon

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Lifetime C. 12,286

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Bullyday Supt. BAY VIEW ASYLUM.

(Address)

Filed 5/19 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18- 1908

I HEREBY CERTIFY, That I attended deceased from April 3 1908 to May 18 1908

that I last saw h-- alive on May 16 1908,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Breast. (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 18 1908

Place of Burial Lauderdale

Date May 19 1908.

Undertaker Wm. Cook & Son

Address 502 E. Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the pe ased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mary D. Marshall

{Residence, if in Baltimore, Give Street and Number.} 1926 W. Lanvale St.

Duration of Residence in Baltimore. Life

C 12267

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1845	
AGE: 63 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: Archibable Parks	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Mary J. Shacelford	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sophia Marshall

(Address) 1926 W. Lanvale St

Filed 5/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 17th 1908

I HEREBY CERTIFY, That I attended deceased from May 14th 1908 to May 17th 1908 that I last saw her alive on May 17th 1908, and that death occurred, on the date stated above, at 12:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic peritonitis following operation laparotomy for Carcinoma of ovary.

(DURATION) 3 DAYS

Contributory (Primary.) Carcinoma of ovary. (DURATION) months ~~DAYS~~

(Signed) Charles H. Steuber auch M.D.

Address Church Home & Infirmary

Date May 17 1908

Place of Burial London Park

Date May — 20 — 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

C12286

CERTIFICATE OF DEATH.

170

(Place of Death.) No. 25 Kenwood Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hughes

{Residence, if in Baltimore, Give Street and Number.} 25 Kenwood Ave

Duration of Residence in Baltimore. 40 Years C.17288

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 62 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ W

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Edward Sweeney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hughes

(Address) 25 Kenwood Ave

Filed 5/19 1908 HARRY O'HANLON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1908

I HEREBY CERTIFY, That I attended deceased from May 2nd 1908 to May 18th 1908

that I last saw her alive on May 17th 1908

and that death occurred, on the date stated above, at 7.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Bronchial Pneumonia about

Bright's Disease of Kidneys (DURATION) 6 DAYS

(Signed) Wm B Bennett M.D.

Address 1020 N Charles

Date May 19th 1908

Place of Burial New Cathedral Cem

Date May 21st 1908

Undertaker Mudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Mankin

{Residence, if in Baltimore, Give Street and Number.} Aged Women's Home

Duration of Residence in Baltimore. Unknown

C. 12289

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR W'd

DATE OF BIRTH Unknown 1

AGE 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Boston Mass

FULL NAME OF FATHER James Nolen

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella J Jones

(Address) Home Matron

Filed 5/19 1908

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from May 14 1908 to May 18 1908 that I last saw h.. alive on May 18 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Intestinal Obstruction

(DURATION) 3 DAYS

Contributory (Primary.) Atchemia

(DURATION) 3 DAYS

(Signed) T Norwood M.D.

Address Baltimore City Hospital

Date May 18 1908

Place of Burial London Park

Date Mar 20 1908

Undertaker Geo J. Smith Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1039 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J McKewen

{ Residence, if in Baltimore, Give Street and Number. } 1839 N Fulton Ave

Duration of Residence in Baltimore. 66 yrs

C 1229

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 18 1842

AGE: 66 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Hugh McKewen

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane McGraw

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Ins. Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G C Sigler

(Address) 1037 N Fulton Ave

Filed 5/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to May 18th 1908 that I last saw h in alive on May 12th 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

4 Months or more (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. L. Mechlenburg M.D.

Address 115 W Franklin

Date May 18th 1908

Place of Burial Cathedral Cem

Date May 21 1908

Undertaker John J. Corcoran

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 612291 93

(Place of Death.) No. 20 Merrott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Orem Jr

{Residence, if in Baltimore, Give Street and Number.} 20 Merrott St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: November 26 1906

AGE: 1 years, 5 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Charles E. Orem

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

MAIDEN NAME OF MOTHER: Florence E. Marsh

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E Orem

(Address) 20 Marriott St.

Filed 5/19 190 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 18 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 18 1908 that I last saw h im alive on May 18 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Asphyxia

(DURATION) 2 DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick Ave

Date May 19 1908

Place of Burial London Park Cem-

Date May 20th 1908

Undertaker Wm B. Brothers

Address 428 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 2311 Cambridge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Kowalski

{Residence, if in Baltimore, Give Street and Number.} 2312 Cambridge St

Duration of Residence in Baltimore. 2 yrs C 12092

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 1 years, 2 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	~~Miss.~~
FULL NAME OF FATHER	Joseph Kowalski.
BIRTHPLACE OF FATHER (State or country)	Russia Poland
MAIDEN NAME OF MOTHER	Mary Kubis.
BIRTHPLACE OF MOTHER (State or country)	Poland Poland.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kowalski. (Address) 2311 Cambridge St ~~None~~

Filed 5/19/1908 Registrar

MARY O. ANDREWS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15th 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 15 1908

that I last saw h~~er~~ alive on May 15 1908,

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Intussusception - general

no operation

(DURATION) 10 months ~~DAYS~~

Contributory (Primary.)

(DURATION) 14 DAYS

(Signed) J. Howard Jr. M.D.

Address 1802 Eastern Ave.

Date May 19th 1908

Place of Burial Johns Hopkins Hospital Mary Rudy. Dec Primary.

Date Tuesday May 19th 1908

Undertaker M. F. Sadowski.

Address

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating the **name, sex, age, condition** (whether married or single) of the person

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Pier 9. Locust Point ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theodor Loose

{Residence, if in Baltimore, Give Street and Number.} 1418 Andre St

Duration of Residence in Baltimore. Life C. 12295

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	August 16 1898
AGE	9 years, 9 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Theodor Loose
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Wilhelmina Brunk
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE AND BELIEF.

(Informant) Theodor Loose father

(Address) 1418 Andre St

Filed 5/19 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 to ~~.....~~ 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at ~~.....~~ m. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) H. H. Leonhardt M.D.

Address Coroner

Date May 18 1908

Place of Burial First German United

Date May 20th 1908

Undertaker Co. Stumbrdt

Address 1818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 236 N. Fulton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George A. Stradley.

{ Residence, if in Baltimore, Give Street and Number. } 236 N. Fulton Ave

Duration of Residence in Baltimore. Life Time (10,09+)

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX: Male	COLOR: W.	DATE OF DEATH: May 18 1908
DATE OF BIRTH: May 19th 1861		I HEREBY CERTIFY, That I attended deceased from May 18 1908 to May 18 1908
AGE: 47 years, mont's, days		that I last saw h[illegible] alive on May 18 1908
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married		and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate
BIRTHPLACE (State or country): Baltimore		Heart Disease
FULL NAME OF FATHER: George Stradley		(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country): Md.		Con'tributory (Primary) Acute Indigestion
MAIDEN NAME OF MOTHER: Eliza E. Manship		(DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country): Baltimore		(Signed) E. Miles Wheeler M.D.
OCCUPATION OF DECEASED: Spring maker.		Address 2129 N. Mathews.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Date May 19. 1908
(Informant Sadie E. Stradley.		Place of Burial Lauden Park
(Address 236 N. Fulton Av		Date May 21 1908
Filed 5/19 1908 HARRY ST. ANDREWS PERMIT CLERK Registrar		Undertaker C. Fink & Son
		Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 931 N. Caroline St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augusta Loebner

{Residence, if in Baltimore, Give Street and Number.} 931 N. Caroline St.

Duration of Residence in Baltimore, 25 years. c 12295

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR W.

DATE OF BIRTH Oct. 1 1842

AGE 65 years, 8 mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Carl Beyer.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS [redacted] TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Loebner.

(Address) 931 N Caroline St

Filed 5/19 1908 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 7th 1908 to May 18 1908

that I last saw her alive on May 18 1908

and that death occurred, on the date stated above, at 3.0 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholecystitis - passed several bilary calculi

Sinus Apr 7 (DURATION) 41 DAYS

Con'tributory (Primary.) Uraemia

(Four) (DURATION) 4 DAYS

(Signed) O Pfleming M.D.

Address 1711 St. Paul St

Date May 19th 1908

Place of Burial Western Cem.

Date May 21 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Asner

{ Residence, if in Baltimore, Give Street and Number. } 351 S. Monroe

Duration of Residence in Baltimore. Life C. 12296.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 14 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Moses Asner

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Anna Rotard

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Asner

(Address) 351 S. Monroe

Filed 5/18 1908 MARRY OF ARRANS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19. 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....,

and that death occurred, on the date stated above, at ....

....11. CAUSE OF DEATH (Secondary or immediate)

Body mangled by Machinery. Skull crushed.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 1014. W. La Fayette ave.

Date May 19. 1908 Coroner

Hebrew Cem Russian Cemetery

Place of Burial Washington Road

Date May 19/08 190

Undertaker Jacob Ahrens & Co.

Address 1607 Madison ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his se, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 Glover Place cor Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael J Drony

{ *Residence, if in Baltimore, Give Street and Number.* } Bethel St & Glover Place C. 12297

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH July 1st 1870

AGE 37 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Drony

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Carr.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Drony

(Address) 1618 Glover Pl

Filed 5/19 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18. 1908

I HEREBY CERTIFY, That I attended deceased from Apr 13 1908 to May 18 1908

that I last saw h in alive on May 18 1908,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

Contributory (Primary) Chronic Nephritis (DURATION) about 1 year DAYS

(DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 202 E. Monument St.

Date May 18 1908

Place of Burial New Cathedral

Date May 20 1908

Undertaker Platt & Turner

Address 1742 N. Broadway.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1606 Eutaw Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M Coale

{ Residence, if in Baltimore, Give Street and Number. } 1606 Eutaw Pl

Duration of Residence in Baltimore. life C.B.298

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH July 7 1877

AGE 30 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John G. Coale

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margaret Coale

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Wollman

(Address) 1606 Eutaw Pl

Filed 5/19 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH may 18 1908

I HEREBY CERTIFY, That I attended deceased from \ 190 to \ 190

that I last saw h\ alive on \ 190,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Sudden)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Gregg Cornell M.D.

Address Coroners Office

Date May 18 1908

Place of Burial Dale Cemetery

Date may 20 1908

Undertaker Robt Kenny

Address 1442 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 1546 N. Washington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas. Edwd Hofstetter Jr

{ *Residence, if in Baltimore, Give Street and Number.* } 1546 N Washington St

Duration of Residence in Baltimore. Life C. 12, 299

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 7 1907

AGE: 1 years, 4 months, 12 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR~~ DIVORCED

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles E. Hofstetter

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md

MAIDEN NAME OF MOTHER: Caroline Shuck

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. Hofstetter

(Address) 1546 N. Washington St

Filed 5/19, 1908 Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19th 1908

I HEREBY CERTIFY, That I attended deceased from May 13th 1908 to May 19 1908 that I last saw h[im] alive on May 19 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Scarlet fever —

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 2128 St Paul

Date May 19th 1908

Place of Burial Baltimore Cemetery

Date Mar 20 1908

Undertaker Henry Hoeckshaw

Address 120 E. Eager St.

10 06 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 64

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Grons

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life time C 1830

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH May 1830

AGE 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Anthony Knight

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Anna Brown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Cleary

(Address) Preston & Valley sts

Filed 5/19 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[er] alive on May 18 1908,

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date May 19 1908

Place of Burial Western Cemetery

Date May 21 1908

Undertaker Wm. J. Schaffer

Address 8 S. Front St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hosp St. Wittmann

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Wittmann

{ Residence, if in Baltimore, Give Street and Number. } 413 N. Forest st-

Duration of Residence in Baltimore. 4 yrs. C. 12301

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Oct. 6th 1884	
AGE 23 years, 7 months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Westminster Md.
FULL NAME OF FATHER	Daniel Calber Yingling
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Lucretia Arbaugh
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Wittmann

(Address) 413 Forest St.

Filed 5/20" 1908 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 18 1908

that I last saw h[illegible] alive on May 18 1908,

and that death occurred, on the date stated above, at 10.4[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 2 DAYS

Contributory (Primary.) Pelvic

abscess (DURATION) 60 DAYS

(Signed) J. J. O'Connor M.D.

Address St Joseph's Hospital

Date May 18 1908

Place of Burial Westminster Cem: Md Carroll Co

Date May 21 St 1908

Undertaker C. W. Dill

Address 810 Fredk: ave: ext:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12302 9

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 547 W. West cor. Russell St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Luber

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 15 (Day) 1905 (Year)

AGE: 3 years, — months, 4 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Geo. Luber

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Annie M. Opitz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Luber

(Address) 547 W. West St.

Filed 5/20" 1908 HARRY C. BROKAW, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to May 19 1908 that I last saw h or alive on May 19 1908, and that death occurred, on the date stated above, at 5:15 A.M. The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) 1 DAYS

Contributory Cardiac Asthenia.

(DURATION) DAYS

(Signed) Ga Thiede M. D.

May 19 1908 (Address) 1500 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	May 20 1908
UNDERTAKER	ADDRESS
N. S. Frick	2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Funeral May 20" at 8 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 Sarah Ann St. (If Death occurred in Hospital or Institution, give Its Neme instead of Street and Number)

Full Name Amelia Randall

{ *Residence, if in Baltimore, Give Street and Number.* } 622 Sarah Ann St

Duration of Residence in Baltimore. 1y

C 12303

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: C

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Ohio.

FULL NAME OF FATHER: Mack Carter

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Turner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Carter

(Address) 622 Sarah Ann St

Filed 5/20" 190 8

[illegible] Registrar

[illegible]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Dis

Sudden (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P Martin M.D.

Address

Date May 19 190 8

Place of Burial Fairhaven A. A. Co Md

Date May 20" 190 8

Undertaker Alex. Kennedy

Address 517 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 E. Federal St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Amelia Eigenbrodt

{ Residence, if in Baltimore, Give Street and Number. } 711 Harlem Lane

Duration of Residence in Baltimore. 58 yrs. C. 1230 K

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Wh.
DATE OF BIRTH	Mch. 23 - 1830
AGE	78 years, 1 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Christ. Gerhart
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Maria Wisman
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Eiler.

(Address) 2115 E Federal St

Filed 5/20 1908 HARRY C. AMBRYS. CHIEF CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1908 to May 20 1908 that I last saw h[illegible] alive on May 19th 1908 and that death occurred, on the date stated above, at 12 20/M. CAUSE OF DEATH (Secondary or Immediate

Senile Debility.

(DURATION) DAY

Contributory (Primary) Old age

(DURATION) DAY

(Signed) E. Fletcher M.D.

Address 419 E. Fayette St

Date May 20th 1908

Place of Burial Loudon Park

Date May 23 1908

Undertaker Walter H. Shriver

Address 316 Fremont ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 W. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard E. Brown

{ Residence, if in Baltimore, Give Street and Number. } 110 W. York St.

Duration of Residence in Baltimore. Life

C 12305

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR black
DATE OF BIRTH	May 25 1907
AGE	..... years, 11 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Jos. Brown
BIRTHPLACE OF FATHER (State or country)	Chesterlown, Md.
MAIDEN NAME OF MOTHER	Rebecca Webb
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Brown

(Address) 110 W York st.

Filed 5/20 1908 MARRY C. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 18 1908

that I last saw him alive on May 17 1908,

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ~~DAYS~~

Contributory (Primary.) 2 weeks

(DURATION) DAYS

(Signed) W. A. Smith M.D.

Address 528 Hanover St

Date May 19 1908.

Place of Burial Mt Auburn Cem

Date May 20th 1908

Undertaker G. E. Brown & Son

Address 108 W Monument

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1020 Inc. Collough. St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Eliz'a B. Imundorf (Murdock)

{ Residence, if in Baltimore, Give Street and Number. } 1020. Inc. Collough St.

Duration of Residence in Baltimore. 50. yrs.

C. 12306

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: March. 25. 1818

AGE: 90. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Dont. no. (Germ.)

FULL NAME OF FATHER: Dont no

BIRTHPLACE OF FATHER (State or country): Dont. no.

MAIDEN NAME OF MOTHER: Dont. no.

BIRTHPLACE OF MOTHER (State or country): Dont. no.

OCCUPATION OF DECEASED: Imason Works.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. E. Imaloy.

(Address) 1020 Inc. Collough St.

Filed 5/20 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19" 1908

I HEREBY CERTIFY, That I attended deceased from May 17" 1908 to May 18" 1908

that I last saw her alive on May 17" 1908

and that death occurred, on the date stated above, at 12 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Old age.

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date May 19" 1908

Place of Burial Greenmount Cem

Date May 20 1908

Undertaker Wm. Cook.

Address 502. E. North ave.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name May Mathews

{ Residence, if in Baltimore, Give Street and Number. } Nursery & Childs Hospital

Duration of Residence in Baltimore. Six months C. 12307

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: November 2 1907

AGE: ..... years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) M. R. Stone

(Address) Nursery & Childs Hosp

Filed 5/20 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 14th 1907 to May 14th 1908

that I last saw h~~im~~ alive on May 14th 1908,

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Impitigo - Pneumonia (Bronchial)

(DURATION) 3 weeks

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Howland M.D.

Address 837 N Eutaw St

Date May 14th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 14 1908

Undertaker —

Address FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

97

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person used, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. B. N. A. Insane Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Tabbs

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life —

C. 12304

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Black

DATE OF BIRTH .....

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, BAY VIEW ASYLUM Supt.

(Address)

Filed 5/20 1908 HARRY O. ANDREWS PERMT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1908 to May 18 1908 that I last saw him alive on May 18 1908, and that death occurred, on the date stated above, at 11.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thos. H. Phillips M.D.

Address Bay view Hospital

Date May 18. 1908

Place of Burial Sacred Heart

Date May 20 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 216 W Franklin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John F Glover

{Residence, if in Baltimore, Give Street and Number.} 216 W Franklin St -

Duration of Residence in Baltimore. 4 Years

C 12309

PERSONAL AND STATISTICAL PARTICULARS

SEX [redacted] | COLOR White

DATE OF BIRTH May 25th 1837

AGE 70 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Annapolis Md.

FULL NAME OF FATHER William Glover

BIRTHPLACE OF FATHER (State or country) Annapolis Md.

MAIDEN NAME OF MOTHER Ellen

BIRTHPLACE OF MOTHER (State or country) Annapolis Md.

OCCUPATION OF DECEASED Pasitain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Glover

(Address) 216 W. Franklin St.

Filed 5/20 1908 HARRY C. ANDREWS PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Monday May 18th 1908

I HEREBY CERTIFY, That I attended deceased from April 25th 1908 to May 18th 1908 that I last saw h[illegible] alive on May 16th 1908, and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) Medical DAYS

Contributory (Primary.) Bright's Disease of Kidneys

(DURATION) 2 months DAYS

(Signed) E. Welch M.D.

Address 607 N Charles St

Date May 19th 1908

Place of Burial Loudon Park

Date 5/20 1908

Undertaker Wm J Schilling

Address 9 S. Hopkinson Ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

61

(Place of Death.) No. The Johns Hopkins Hospital St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name George W. Welgant

{Residence, if in Baltimore, Give Street and Number.} 721 South Broadway.

Duration of Residence in Baltimore. 23 years C 12210

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Roman Welgant.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Franzis Marozinkowska

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jadwiga Welgant.

(Address) 721 S. Broadway.

Filed 5/20 1908

CLERK OF ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 18 1908

that I last saw him alive on May 18 1908,

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-spinal meningitis. †

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch. M.D.

Address Johns Hopkins Hospital

Date May 18 1908

Place of Burial Holy Rosary

Date Thursday May 21st 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes unter his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1513 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry H Pfeifer

{ Residence, if in Baltimore, Give Street and Number. } 1513 N Washington St.

Duration of Residence in Baltimore. Life C.12911

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 28th 1902

AGE 6 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo P Pfeifer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Julia Yeager

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Mosser

(Address) 1442 N Gay St

Filed 5/20 1908 HARRY C. ARMISTEAD PERRY CLARKE Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 19 1908 that I last saw him alive on May 19 1908. and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Malignant Scarlet Fever

(DURATION) 2 DAYS

Con'tributory (Primary) Exhaustion

(DURATION) 3 DAYS

(Signed) A D Macdonald M.D.

Address 1540 N Broadway

Date May 19 1908

Place of Burial Baltimore Cemetery

Date May 20th 1908

Undertaker Geo Mosser

Address 1442 N Gay St.

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 607 Scott st. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary B. Dolan

{ Residence, if in Baltimore, Give Street and Number. } 607 Scott st

Duration of Residence in Baltimore. Life C. 12 312

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 24th March 1908

AGE: ..... years, ... months, 8 weeks

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John J. Dolan

BIRTHPLACE OF FATHER (State or country): Grafton Va

MAIDEN NAME OF MOTHER: Hannah Coggin

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Dolan

(Address) 607 Scott st.

Filed 5/20 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 19 1908 that I last saw her alive on May 19 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis

(DURATION) 3 DAYS

Contributory (Primary.) Lobular Pneumonia

(DURATION) 1 DAYS

(Signed) Morley Hoag M.D.

Address 721 Columbia Ave.

Date May 19 1908

Place of Burial Loudon Park Cemetery

Date May 20 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY

C12313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C12313

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 508 Morris Ale St.; 17 Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Feby 22nd 1852 (Month) (Day) (Year)

AGE 55 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) A. A. County Md.

FULL NAME OF FATHER Loyd Brown

BIRTHPLACE OF FATHER (State or country) A. A. County Md

MAIDEN NAME OF MOTHER Mary Smothers

BIRTHPLACE OF MOTHER (State or country) A. A. County Md

OCCUPATION OF DECEASED Oyster Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Brown

(Address) 508 Morris Alley

Filed 5/20 1908 Registrar

CLERK OF ... PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 30th 1908 to May 17th 1908 that I last saw h[im] alive on May 17th 1908, and that death occurred, on the date stated above, at 4:30 P.M. The CAUSE OF DEATH was as follows:

Acute Nephritis

& Paralysis

(DURATION) 7 DAYS

Contributory Pneumonia

(DURATION) 10 DAYS

(Signed) C. W. Barker M. D.

May 18 1908 (Address) 1116 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL May 21st 1908

UNDERTAKER A J Freeland | ADDRESS 106 N Schroeder

CERTIFICATE OF DEATH.

(Place of Death.) No. 745 Dover St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John William

{ Residence, if in Baltimore, Give Street and Number. } 745 Dover St

C 12314

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Washington D C

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Bland

(Address) 745 Little Dover St

Filed 5/20 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17 1908

I HEREBY CERTIFY, That I attended deceased from as Corner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis

(DURATION) 1 hr DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. F. Mahon M.D.

Address Coro

Date May 18 1908

Place of Burial Mt Auburn

Date May 20th 1908

Undertaker Alfred J. Ireland

Address 108 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 Harlem Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha A. Whitehead

{Residence, if in Baltimore, Give Street and Number.} 721 Harlem ave

Duration of Residence in Baltimore. 6 yrs C. 12315

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Bankman

(Address) 721 Harlem Av

Filed 5/20 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19, 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to May 19 1908 that I last saw h er alive on May 18 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 7 DAYS

Contributory (Primary.) Nephritis

2 years. (DURATION) DAYS

(Signed) Geo W Kemmler M.D.

Address 800 Harlem Ave

Date May 19. 1908

Place of Burial Norfolk Va

Date May 20 1908

Undertaker Geo W Little

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Reinhardt

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 18 Yrs. C. 12316

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harris Reinhart

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Reinhart

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 5/20 1908

HARRY O'D ANDREWS
FIRST CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to May 19 1908 that I last saw h alive on May 19 1908 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis — (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 20 1908

Place of Burial Hebrew Henry Ben

Date May 20, 1908

Undertaker Max Leinner

Address 1620 N. Eldenry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 637 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Cahill

{Residence, if in Baltimore, Give Street and Number.} 637 W Fayette st

Duration of Residence in Baltimore... 18 Years C. 1A GIFT

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 12 1868

AGE 60 years, ... months, 7 days

SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED Divorced

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER William Cahill

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Ewa McClure

(Address) 637 W Fayette st

Filed 5/20 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19th 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 19th 1908 that I last saw h in alive on May 18th 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's disease (DURATION) 10 DAYS

Contributory (Primary.)

Uremia (DURATION) 2 DAYS

(Signed) Frank W Lemmon M.D.

Address 322 N Greene st.

Date May 19th 1908

Place of Burial St Peters Cem

Date May 21 1908

Undertaker J & J B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1637 Westwood av - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob D. Youson

{Residence, if in Baltimore, Give Street and Number.} 1637 Westwood av -

Duration of Residence in Baltimore. 18 yrs - C. 12318

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 27 1842

AGE 65 years, 8 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Thurmont Md

FULL NAME OF FATHER John Youson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hannah Young

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) W. Walter Youson

(Address) 1637 Westwood Ave

Filed 5/20 1908 HARRY G. PERKINS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1908

I HEREBY CERTIFY, That I attended deceased from March 29 1908 to May 18 1908

that I last saw him alive on May 18 1908,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - Heart failure

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma of liver (DURATION) about 1 year

(Signed) J. Judson Miller M.D.

Address 2029 W. Balto St

Date May 19 1908

Place of Burial Mt Olivet Cem

Date May 21 1908

Undertaker Jos B Cook

Address 1003 W Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Facts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C12319 OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12319

154

CERTIFICATE OF DEATH.

Kernead German Aged Home Registered No. B.....

City of Baltimore, (No. Baltimore & Payson St. (Ward) 20th

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its name instead of street and number.]

FULL NAME Katharine Böerner

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug 21 1821 (Month) (Day) (Year)

AGE 86 years, 8 months, 28 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Berhurdshausen

FULL NAME OF FATHER Adam Bittorf

BIRTHPLACE OF FATHER (State or country) Berhurdshausen

MAIDEN NAME OF MOTHER Catharine Foos

BIRTHPLACE OF MOTHER (State or country) Berhurdshausen

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record of German Aged Home

(Address) Balto & Payson Sts

Filed 5/20 1908 HARRY M. ROBERTS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1908 to May 19 1908

that I last saw h or alive on May 19 1908,

and that death occurred, on the date stated above, at 9 ~~a~~ p. M. The CAUSE OF DEATH was as follows:

Old age. Genual weakness

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) L F Reinhard M. D.

May 20 1908 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western

DATE OF BURIAL May 21 1908

UNDERTAKER Jos. B. Cook

ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

40

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Gardner

{Residence, if in Baltimore, Give Street and Number.} 12 16 W. Lexington St.

Duration of Residence in Baltimore. 16 yrs. C 12 320

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 20th 1851

AGE: 57 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Gery

FULL NAME OF FATHER: Henry F. E. Gardner

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Elizabeth Fleischman

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Turner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredericka Gardner

(Address) 1033 W. Saratoga St.

Filed 5/20 1908 HARRY GWINNER PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1908

I HEREBY CERTIFY, That I attended deceased from April 12th 1908 to May 18th 1908 that I last saw h[illegible] alive on May 18th 1908, and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Asthenia

(DURATION) DAYS

Contributory (Primary) Carcinoma of Stomach (DURATION) DAYS

(Signed) E. E. Roberts M.D.

Address University Hospl.

Date May 18th 1908

Place of Burial London Park

Date May 21st 1908

Undertaker E. Schloman & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1356 Columbia ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice S Harrison

{ Residence, if in Baltimore, Give Street and Number. } 1356 Columbia ave

Duration of Residence in Baltimore. Life (1882)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 18th 1900

AGE 8 years, 3 mont's, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Zedekiah Harrison

BIRTHPLACE OF FATHER (State or country) Ind

MAIDEN NAME OF MOTHER Alice Sherbert

BIRTHPLACE OF MOTHER (State or country) Ind

OCCUPATION OF DECEASED School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Harrison

(Address) 1356 Columbia ave

Filed 5/20 1908 MARY C. ANDREWS, Registrar FIRST CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 - 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 19 1908 that I last saw her alive on May 19 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Meningitis

(DURATION) 7 DAYS

Con ributory (Primary.) Coma

(DURATION) 1 DAY

(Signed) Jos. E. Muse M.D.

Address 855 Columbia ave

Date May 20 1908

Place of Burial Cedar Hill Cem

Date May 22nd 1908

Undertaker E. Schloman & Son

Address 1139 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 ~~(Store)~~ Hennemann Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Skrejci

{Residence, if in Baltimore, Give Street and Number.} 1815 Hennemann Ave

Duration of Residence in Baltimore. Life

C, 12322

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Wehlet

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Josefa Sluka

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Skrejci

(Address) 1815 Hennemann Ave

Filed 5/20 1908 HENRY ST. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 18 1908

that I last saw h[illegible] alive on May 18 1908

and that death occurred, on the date stated above, at 9.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Puerperal sepsis (ocluded by midwife)

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) 2 DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson Park Ave

Date May 19 1908

Place of Burial Holy Redeemer

Date May 21 1908

Undertaker Frank Gaeck and Son

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta C ~~Mrs J. L~~ Place

{ Residence, if in Baltimore, Give Street and Number. } Burlington N. J. 12323

Duration of Residence in Baltimore. 6 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 6th 1873

AGE 35 years, 2 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Henry Heimann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Tehr

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1031 Edmondson Ave

Filed 5/20 1908 HARRY O. ANDREWS ~~PERMIT~~ CLERK Registrar

1031 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 190[illegible]

I HEREBY CERTIFY, That I attended deceased from May 8 190[illegible] to May 18 190[illegible]

that I last saw h[illegible] alive on May 18 190[illegible]

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) — DA[illegible]

Contributory (Primary.) Ovarian

Sarcoma (DURATION) — DA[illegible]

(Signed) J. J. O'Connor M.D.

Address St Joseph's Hospital

Date May 18 190[illegible]

Place of Burial Holy Redeemer

Date May 21 st 190[illegible]

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

WM. J. G. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2236 Caulndge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie Horath

{Residence, if in Baltimore, Give Street and Number.} 2236 Caulndge st.

Duration of Residence in Baltimore. 30 years. C. 10334

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 6th 1834

AGE: 74 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Horath

(Address) 2236 Cambridge St.

Filed 5/20 1908 HARRY O. ABRAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 17th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to May 17th 1908.

that I last saw h[illegible] alive on May 17th 1908.

and that death occurred, on the date stated above, at 6.25 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary) Carcinoma of Liver

(DURATION) DAYS

(Signed) Herman J. Greene M.D.

Address 1937 Gaulton Ave

Date May 18th 1908

Place of Burial Mt Carmel Cem.

Date May 20th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 247 S. Chester St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Mapnell

{Residence, if in Baltimore, Give Street and Number.} 247 S. Chester St

Duration of Residence in Baltimore. Life C.12325

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 17 1853

AGE 54 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm B. Gilbert

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ellen Rimby

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml. T. Mapnell

(Address) 247 S. Chester St.

Filed 5/20 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18th 1908

I HEREBY CERTIFY, That I attended deceased from January 1908 to May 17th 1908 that I last saw h.r alive on May 17th 1908 and that death occurred, on the date stated above, at 12 10

C. M. CAUSE OF DEATH (Secondary or Immediate.)

Brights disease

(DURATION) 253 DAYS

Con'ributory (Primary.) Mitral insufficiency

(DURATION) DAYS

(Signed) C. F. Sanders M.D.

Address D. S Patterson Ofc

Date May 18th 1908

Place of Burial Loudon Park Cemetery

Date May 21 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 647 Portland St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Evelyn A. Keys.

{Residence, if in Baltimore, Give Street and Number.} 647 "

Duration of Residence in Baltimore. Life C.12326

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Aug 27 1907	
AGE: 8 years, 8 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm Keys
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Ina Clements
BIRTHPLACE OF MOTHER (State or country)	Penna
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Keys

(Address) 647 Portland

Filed 5/20 1908 HARRY C. ANDREWS, CLERK, Registrar

Dr Graham

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to May 18 1908 that I last saw h-r alive on May 18 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

1st, Convulsions

(DURATION) 1/2 DAYS

Contributory (Primary.) Entero Colitis

(DURATION) 3 DAYS

(Signed) Geo R Graham M.D.

Address 725 Columbus Ave

Date May 18 1908

Place of Burial Loudon Park

Date May 20 1908

Undertaker W. F. Hickey & Sons

Address Canton Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 131 Baxter St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Hershelmer

{ Residence, if in Baltimore, Give Street and Number. } 131 Baxter St.

Duration of Residence in Baltimore. Life C.12327

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH November 28 1906

AGE 1 years, 6 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER August Hoechner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Hoechner

(Address) 131 ½ Baxter St.

Filed 5/20 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fell from buggy carriage and cut int carotid - Hemorrhage.

Acc (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) Dr. Geo. Carnett M.D.

Address Coroners Office

Date May 20-08 190

Place of Burial St Evn Luth. Cem

Date May 20th 1908

Undertaker Jno. A. Moran

Address Bank & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1132 Wilson alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Carlin

{ Residence, if in Baltimore, Give Street and Number. } 1132 Wilson alley

Duration of Residence in Baltimore. Life

C.12328

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: June 21st 1908

AGE: — years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. R. Carlin

(Address) 1132 Wilson Av.

Filed 5/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19th 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

Jaw Lock (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Leo de Bachmann M.D.

Address Tod Lg. av. & Corner

Date May 19th 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY. 20 1908 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 17 Wayler St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Fleury

{ Residence, if in Baltimore, Give Street and Number. } 17 Wayler St C. 12329
Life Fleury

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: January 14 1847

AGE: 61 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Fleury.

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Dont know

OCCUPATION OF DECEASED: Box maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fleury (daughter in law)

(Address) 17 Wayler St

Filed 5/20 1908

HARRY O'T ANDERSON Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.50 a m. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of the Heart

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo M Reinhardt M.D.
Coroner.

Address .....

Date May 19 1908

Place of Burial Western Cemetery

Date May 21/08 1908

Undertaker J. Frank McNally

Address 39 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended du[ring] his or her last sickness, or the Coroner, when the case comes under his [juris]diction, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate [set]ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person [de]ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1923. W. North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James. M. Crandall

{Residence, if in Baltimore, Give Street and Number.} 1923. W. North ave

Duration of Residence in Baltimore. 7 years C 12330

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 2th 1862

AGE: 82 years, 7 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Vermont

FULL NAME OF FATHER: Jos Crandall

BIRTHPLACE OF FATHER (State or country): Vermont

MAIDEN NAME OF MOTHER: Jane Shaddock

BIRTHPLACE OF MOTHER (State or country): Vermont

OCCUPATION OF DECEASED: Stone Mason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C. F. Magruir

(Address) 1923. N North ave

Filed 5/20 1908 MARY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19th 1908

I HEREBY CERTIFY, That I attended deceased from Febry — 1906 to May 19 1908 that I last saw h[im] alive on May 18 1908, and that death occurred, on the date stated above, at 8.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemias and Cardiac complications

(DURATION) — DAYS

Contributory (Primary.) Brights disease (DURATION) 2 years DAYS.

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date May 20th 1908

Place of Burial Loudon Park

Date May 21 st 1908

Undertaker G. F. Walker

Address 723. W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 Mc. Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Ryan

{Residence, if in Baltimore, Give Street and Number.} 1622 Mc. Henry St

Duration of Residence in Baltimore. 40 yrs C. 13331

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: don't know

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Martin Mc. Gann

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: don't Know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Donohue

(Address) 1622 Mc. Henry St

Filed 5/20 1908 HARRY G. ARMSTRONG PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19" 1908

I HEREBY CERTIFY, That I attended deceased from May 2nd 1908 to May 19" 1908

that I last saw h[illegible] alive on May 19" 1908

and that death occurred, on the date stated above, at 1225

M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary) Pulmonary

Oedema (DURATION) 17 DAYS

(Signed) D O'Blane M.D.

Address 115 S. Eden St

Date May 20" 1908

Place of Burial St Peters

Date May 23rd 1908

Undertaker John F. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12332

City of Baltimore, (No. 1004, Forest Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Brennan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Co. Tyrone, Ireland

FULL NAME OF FATHER: Owen McGarrity

BIRTHPLACE OF FATHER (State or country): Co. Tyrone Ireland

MAIDEN NAME OF MOTHER: Catherine Kelly

BIRTHPLACE OF MOTHER (State or country): Co Tyrone Ireland

OCCUPATION OF DECEASED: Woman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Johnston

(Address) 734 N Gilmor

Filed 5/20 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 12 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 18 1908 to May 19 1908 that I last saw her alive on May 19 1908, and that death occurred, on the date stated above, at 6:10 P. M. The CAUSE OF DEATH was as follows:

Renal Colic (DURATION) 3 DAYS

Contributory

Cardiac Syncope (DURATION) 30 Min. DAYS

(Signed) Dr. C. Wenmoth M. D.

May 20 1908. (Address) 1076 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: M Peters — DATE OF BURIAL: May 22nd 1908

UNDERTAKER: John J Kirwan — ADDRESS: 901 Hollins

Facts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH. 5

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katharine Emmice Paynter

{Residence, if in Baltimore, Give Street and Number.} 220 E 20th St

Duration of Residence in Baltimore. life time C.12333

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 26th 1905

AGE: 2 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: G Morris Paynter

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Emma R Hill

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs G Morris Paynter

(Address) 220 E 20th St

Filed 5/21" 1908 MARY C. ANDREWS, CITY REGISTER Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20 1908

I HEREBY CERTIFY, That I attended deceased from March 21 1908 to May 20 1908 that I last saw her alive on May 20 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (~~Secondary~~ Primary or Immediate)

Tuberculous Adenitis - Adenoid General Anaemia Condition Hereditary Syphilis

(DURATION) 40 DAYS

Contributory (~~Primary~~ Secondary.) Heart Failure

(DURATION) 1 DAY.

(Signed) Chas Leslie Tunnell M.D.

Address 812 Park Ave

Date 190

Place of Burial London Park Cy

Date May 22nd 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name,*** sex, ***age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

(Place of Death.) No. St. Vincents Inf. Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kellen Doulan

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy't.

Duration of Residence in Baltimore.....

C. 12334

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: April 11th 1907	
AGE: 1 years, 1 month's, 9 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Daniel Doulan	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Annie McLaughlin	
BIRTHPLACE OF MOTHER (State or country): Ireland.	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Doulan

(Address) 1311 Fillmann

Filed 5/21st 1908 HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 190 to May 20 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

a Laceration

Enteric Colitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 1002 Carey

Date May 20 190

Place of Burial St Vincents Cemetery

Date May 22nd 190

Undertaker H. Le. Wiedefeld

Address 914 Green mount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. 421 - East 23 St. (If Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Washington.

{Residence, if in Baltimore, Give Street and Number.} 421 - East 23 St C12335

Duration of Residence in Baltimore. About 25 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 50 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	St Marys Co
FULL NAME OF FATHER	John Curtis
BIRTHPLACE OF FATHER (State or country)	St Marys Co
MAIDEN NAME OF MOTHER	Julia Curtis
BIRTHPLACE OF MOTHER (State or country)	St Marys Co
OCCUPATION OF DECEASED	House Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saddie Washington

(Address) 421 E 23. St

Filed 5/21 1908 HARRY O'. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1908

I HEREBY CERTIFY, That I attended deceased from Mch 25 1908 to May 19 1908

that I last saw her alive on May 19 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Robt. G. Schmeltz M.D.

Address 424 - East 23 St

Date May 20, 1908.

Place of Burial Laurel

Date May 22 1908

Undertaker W. A. Elliott

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF D

(Place of Death.) No. Md. Genl Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. G. Murray

{ Residence, if in Baltimore, Give Street and Number. } 1002 Druid Hill Ave.

Duration of Residence in Baltimore. 9 years C. 12336

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Chas. T. Murray

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Fannie Johnson

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Murray

(Address) 1002 Druid Hill Ave

Filed 5/21 1908 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 30 1908 to May 19 1908

that I last saw h[illegible] alive on May 18 1908,

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(Enlargement Inguinal Gland - infected)

a.s.o.

(DURATION) 6 DAYS

Contributory (Primary.) Blood poison (DURATION) 20 DAYS

(Signed) J. W. McLean M.D.

Address Md. Genl Hosp.

Date 5-19 1908

Place of Burial Monkton. Md.

Date May 21 1908

Undertaker R. A. Elliott

Address 556 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 2405 Canton Ave St. (give Name instead of Street and Number)

Full Name James F. G. Betz

{ Residence, if in Baltimore, Give Street and Number. } 2405 Canton Ave.

Duration of Residence in Baltimore. Life C.12337

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan. 15th 1907

AGE: 1 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Matthew Betz.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Helen Bieggerman

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Betz.

Address 2405 Canton Ave.

Filed 5/21 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to May 20 1908

that I last saw him alive on May 19 1908

and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) Geo. L. Peeters M.D.

Address 6 N. Bond

Date May 20 1908

Place of Burial Holy Redeemer Cemetery

Date MAY 22 1908 190

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 1224 L Carlton St. (Hospital: give its Name instead of Street and Number)

Full Name Thomas L Downs

{ Residence, if in Baltimore, Give Street and Number. } 1224 L Carlton St

Duration of Residence in Baltimore. Tyeors C. 12338

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	Color

DATE OF BIRTH Jan 1 1898

AGE 10 years, — months, — days

SINGLE, ~~MARRIED,~~ WIDOWED OR DIVORCED ~~Married~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Davis

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 1224 Carlton St

Filed 5/21 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 15 1908

that I last saw h[illegible] alive on May 15 1908

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis
Asthma
& Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. A. Melvin M.D.

Address 1303 W Lombard

Date May 15 1908

Place of Burial Mt Olivet

Date May 22 1908

Undertaker R. L. Parham and Co.

Address 1213 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICA...

(Place of Death.) No. 1706 Pierce St. (If no Number, give its Name instead of Street and Number.)

Full Name Thos. Gaskins

{ Residence, if in Baltimore, Give Street and Number. } 1706 Pierce St

Duration of Residence in Baltimore. 32 Years. C. 12339

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Bek

DATE OF BIRTH 1

AGE 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Richmond Va.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Gaskins

(Address) 1706 Pierce.

Filed 5/21 1908 MARRY CT ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to May 19 1908

that I last saw h[illegible] alive on May 19 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Cardiac Asthenia;

(DURATION) 1 DAYS

(Signed) J Norwood M.D.

Address By 70 Fayette St

Date May 19 1908

Place of Burial Mt. Auburn Cemetery

Date May 21st 1908

Undertaker Felix B. Pye.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 1109 Forest Place St. (If Hospital, Institution, give Its Name instead of Street and Number.)

Full Name John Gerhardt Bokel

{ Residence, if in Baltimore, Give Street and Number. } 1109 Forest Place.

Duration of Residence in Baltimore. 72 years C 1234 D

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE In this 94 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John G. Bokel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Kramer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary C. Hughes

(Address) 1109 Forest Place

Filed 5/21 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19. 1908

I HEREBY CERTIFY, That I attended deceased from May 7. 1908 to May 19. 1908 that I last saw him alive on May 18 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or immediate)

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. A. Hartman M.D.

Address 1131 N. Carolina St.

Date May 19. 1908

Place of Burial Holy Redeemer Cemetery

Date May 22 nd 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

(Place of Death.) No. 1925 E. Federal St (Instead of Street and Number)

Full Name Lillian E. Robinson

{ Residence, if in Baltimore, Give Street and Number. } 1925 E. Federal St.

Duration of Residence in Baltimore. Life Time C.12341

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR W.

DATE OF BIRTH Oct 25 1902

AGE 5 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edison E. Robinson

BIRTHPLACE OF FATHER (State or country) Talbot County Md.

MAIDEN NAME OF MOTHER Angeline A Bankard.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edison E. Robinson

(Address) 1925 E. Federal St

Filed 5/21 1908

HARRY GE AHERN
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1908

I HEREBY CERTIFY, That I attended deceased from May 18 1908 to May 21st 1908 that I last saw h[er] alive on May 20 1908 and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Scarlet fever

2 days 8 hours (DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Wm J. Watson M.D

Address 2128 St Paul

Date May 24 1908

Place of Burial Holy Redeemer Cem

Date May 22 1908

Undertaker A. Fink & Son

Address 915 W. Gay St

WM. J. [illegible] CO., BALTIMORE.

Funeral May 22 — 10 A. M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ity of the Physician who attended during hi to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, t ed, and the ***cause and date of death.***

Place of Death.) No. 743 Ratorg (Street and Number.)

Full Name Emma Carroll

{ Residence, if in Baltimore, Give Street and Number. } 743 Ratorg St

Duration of Residence in Baltimore. 33 yrs C.D.2342

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Nov 25 1861

AGE 46 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Carroll

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriet Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Brown

(Address) Annapolis, Md

Filed 5/21 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19 1908

I HEREBY CERTIFY, That I attended deceased from March 4, 1908 to May 19 1908

that I last saw h-- alive on May 18 1908,

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Brights disease (DURATION) 240 DAYS

Contributory (Primary) Ch. Brights disease (DURATION) 240 DAYS

(Signed) H. L. Reward M.D.

Address 9 W. S. Canton St

Date May 19 1908

Place of Burial ~~May 22 1908~~ Bonnie Eternity

Date May 22 1908

Undertaker J. A. Brooks

Address 1107 W. Fred St

WM. J. C. DULANY CO., BALTIMORE.

tracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same **enty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12343

City of Baltimore, (No. 1811, Baker St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine E. Connell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 31. (Month) (Day) 1867. (Year)

AGE: 40 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Saml B. Dorsey

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Sarah R. Wilson

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Female Head of Family

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Connell

(Address) 1811 Baker St.

Filed 5/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1907 to May 19 1908,

that I last saw h er alive on May 19 1908, and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.

(DURATION) 11 months

Contributory Asthenia

(DURATION) 6 DAYS

(Signed) William J. Sherman M. D.

May 21 1908 (Address) Fulton & Presbury Sts

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: May 23 1908

UNDERTAKER: W. L. Cook

ADDRESS: 502 E. North Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

(Place of Death.) No. 723 W Lexington St. (Give its Name instead of Street and Number)

Full Name Carlin Irving King.

{Residence, if in Baltimore, Give Street and Number.} 723 W Lexington St

Duration of Residence in Baltimore Lifteen C.12344

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct 27 1206

AGE 1 years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frank W King

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER May Knight

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank King

(Address) 2629 Boone St

Filed 5/21 1908 HARRY O. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1908

I HEREBY CERTIFY, That I attended deceased from May 7 1908 to May 20 1908

that I last saw her alive on May 15 1908,

and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs-pneumonia

(DURATION) 20 DAYS

Contributory (Primary) Cardiac failure

Immediate (DURATION) DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light st

Date May 20 1908

Place of Burial Balto Cem

Date May 22 1908

Undertaker Wm Cook

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR ...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 012345

City of Baltimore, (No. 1256 N Broadway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E Rheim

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb (Month) 14 (Day) 1856 (Year)

AGE: 52 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Brooklyn N.Y.

FULL NAME OF FATHER: George Wolff

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E Rheim

(Address) 1505 Federal Pl

Filed 5/21 1908 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to May 20 1908 that I last saw h.er alive on May 18 1908, and that death occurred, on the date stated above, at 1 o'clock M. The CAUSE OF DEATH was as follows:

Tuberculosis

(DURATION) ? DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Geo F Keyser M.D.

May 1908 (Address) 125 N Wolfe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Alphonsus | DATE OF BURIAL: May 22 1908

UNDERTAKER: Robt V Turner | ADDRESS: 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE

1505 Federal Place

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12346

Registered No. B

City of Baltimore, (No. 1506 N Gay St. 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick L. Bach

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Jan (Month) 14th (Day) 1858 (Year)

AGE: 50 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Fredrick Bach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kathern Schott

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Olga Bach

(Address) 1506 N Gay st

Filed 6/21 190 8

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 29 190 7 to May 21 190 8 that I last saw h— alive on May 20 1908, and that death occurred, on the date stated above, at 12 30 Am. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (DURATION) — DAYS

Contributory Cirrhosis (DURATION) 60 DAYS

(Signed) E W Dellinger M. D.

190 (Address) 2250 E 44th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Babto Cemetery — DATE OF BURIAL: May 23 190 8

UNDERTAKER: R. J. Turner — ADDRESS: 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C12347 Registered No. B C12347

CERTIFICATE OF DEATH.

(Place of Death.) No. 1524 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Horan

{Residence, if in Baltimore, Give Street and Number.} 1524 McElderry St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1844

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Horan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Collins

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs William Nelson

(Address) 252 N McElderry St.

Filed 5/21 1908 HARRY C. ANDERSON, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 19 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to May 19 1908

that I last saw h~ alive on May 19 1908,

and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (acute)

(DURATION) 7 DAYS

Contributory (Primary.) acute Bronchitis

(DURATION) 7 DAYS

(Signed) J. Wolcott Chew M.D.

Address 1605 Broadway

Date May 20 1908

Place of Burial St. Vincents Cemetery

Date May 22nd 1908

Undertaker Chas F. Evans

Address 118 N Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C12348 Registered No. B C12348

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1716 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anne Hess

{Residence, if in Baltimore, Give Street and Number.} 1716 Patapsco St

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 2' 188

AGE 22 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Hess

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Susanna Frederick

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigarette packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hess

(Address) 1716 Patapsco

Filed 5/21 1908 HARRY C. ARMAS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20' 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1908 to May 20' 1908 that I last saw h alive on May 16' 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(Probably) 6 mos (DURATION) DAYS

Contributory (Primary.) indoor work dust, infection

(DURATION) DAYS

(Signed) Dan'l Smith M.D.

Address 712 Patapsco

Date May 20' 1908

Place of Burial St Alphonsus

Date May 22nd 1908

Undertaker Jos. Stansbuck

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C12349 Registered No. B C12349

CERTIFICATE OF DEATH. 15

(Place of Death.) No. 603 - E. Fort Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexandia Valkos

{ Residence, if in Baltimore, Give Street and Number. } 603 - E. Fort Ave.

Duration of Residence in Baltimore. 8 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: May 12 1908

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: George Valkos.

BIRTHPLACE OF FATHER (State or country): Greece.

MAIDEN NAME OF MOTHER: Eliz. Lambrinedes.

BIRTHPLACE OF MOTHER (State or country): Greece

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Valkos.

(Address) 603 E. Fort Av.

Filed 5/21 1908 HARRY O. ANDREWS PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to May 20 1908 that I last saw h Ev alive on May 20 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) ..... DAYS

Contributory (Primary.) Congenital Debility (DURATION) 8 DAYS

(Signed) F. J. Doyle M.D.

Address 611. E. Fort Av

Date May 20 1908

Place of Burial Holy Cross O.G.C.

Date May 21st 1908

Undertaker Jos. Stuntebeck

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C12350

Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 532 W Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Magdalena Forbrlein

{Residence, if in Baltimore, Give Street and Number.} 532 W Lee St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: May 3rd 1839	
AGE: 69 years, — months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Bavaria	
FULL NAME OF FATHER: Jno Dietler	
BIRTHPLACE OF FATHER (State or country): Bavaria	
MAIDEN NAME OF MOTHER: Margt Dorsch	
BIRTHPLACE OF MOTHER (State or country): Bavaria	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Horn

(Address) 320.5. Eden St

Filed 5/24 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from April 1908 to May 21 1908

that I last saw h[illegible] alive on May 20 1908

and that death occurred, on the date stated above, at 9 [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

(DURATION) 4 DAYS

Con'tributory (Primary.) [illegible]

Nephritis (DURATION) 30 DAYS

(Signed) Fred Blake M.D.

Address 1014 W Lafayette

Date May 24 1908

Place of Burial Baltimore Cemetery

Date May 23rd 1908

Undertaker Jas & Jno H. Teufel

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 012351 Registered No. B 012351

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 627 N Paca st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph R. Sain

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX White male | COLOR M.

DATE OF BIRTH 26 March 1876

AGE 32 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Cumberland Md

FULL NAME OF FATHER Thomas Sain

BIRTHPLACE OF FATHER (State or country) Dublin Ireland

MAIDEN NAME OF MOTHER Julia Maher

BIRTHPLACE OF MOTHER (State or country) Carlow Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Suzanne B Sain

(Address) 627 N. Paca St

Filed 5/21" 1908 HARRY C. ANDREWS. Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1908

I HEREBY CERTIFY, That I attended deceased from Apr 8 1908 to May 20 1908 that I last saw him alive on May 20 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) 42 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo L Dunn M.D.

Address 721 Hamilton st

Date May 21 1908

Place of Burial Cumberland Md

Date May 23rd 1908

Undertaker Holofenkins & Son Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C12352 Registered No. B

CERTIFICATE OF DEATH.

61

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Talbot.

{ Residence, if in Baltimore, Give Street and Number. } Sykesville Md.

Duration of Residence in Baltimore. 10 days

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B.

DATE OF BIRTH May 21 1908

AGE 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Nurse.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. N. Roker

(Address) City Hospital

Filed 5/21 1908 HARRY O. ... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 21 1908 that I last saw h alive on May 21 1908, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 13 DAYS

Contributory (Primary.) Exhaust

(DURATION) DAYS

(Signed) H N Roker M.D.

Address Balto City Hospitals

Date May 21 1908

Place of Burial Sykesville Md

Date May 21 1908

Undertaker H. J. Pickerel & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

[37] SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C12353 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 Mc Culloh St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Nicholson

{ Residence, if in Baltimore, Give Street and Number. } 1305 Mc Culloh

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 30th 1833

AGE 74 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER Josiah Nicholson

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Anna White

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED Cotton Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. W. Nicholson

(Address) 8 E. Fayette St.

Filed 5/22 1908 HARRY C. ARNOLD, Registrar PUBLIC CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1907 to May 1908

that I last saw him alive on May 20th 1908,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary) Tuberculosis of lungs. (DURATION) DAYS

(Signed) R. Winslow M.D.

Address 1900 Mt. Royal Terrace

Date May 21st 1908.

Place of Burial Loudon Park Cemetery

Date May 22d 1908

Undertaker D. Stewart & Mowen Co

Address 215 & 217 Park ave

WM. J. C. DULANY CO., BALTIMORE

Dr Winslow 1900 Mt Royal Terrace

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C12354 Registered No. B C12354

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aubrey Chesley

{Residence, if in Baltimore, Give Street and Number.} City Hospital

Duration of Residence in Baltimore. 17 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: B

DATE OF BIRTH: 1

AGE: 6 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Chesley

(Address) Hughesville Charles Co Md per Int. M.

Filed 5/22 1908 HARRY O. [illegible] Registrar [PERMIT CLERK]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to May 21 1908 that I last saw h[illegible] alive on May 21 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

Abdt abscess. Sepsis

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(DURATION) DAYS

(Signed) W H Baker M.D.

Address City Hosp.

Date May 21 1908

Place of Burial Hughesville Charles Co Md.

Date May 22nd 1908

Undertaker Felix B Ryce

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12355

Registered No. B.....

City of Baltimore, (No. 10 Bartlett Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie V. E. Ano.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: March (Month) ..... (Day) 1908 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James A. Ano.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Jennie Crampton

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Ano

(Address) 10 Bartlett Ave

Filed 5/22" 1908 HARRY O. ANDREWS, [illegible] CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 21 1908 that I last saw h[illegible] alive on May 21 1908, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) ..... DAYS

Contributory Whooping Cough

(DURATION) ..... DAYS

(Signed) Francis D. McCarran M. D.

May 21 1908 (Address) 46 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: May 22 1908

UNDERTAKER: E. A. Hirschfeld — ADDRESS: 2113 Greenmount Ave

Funeral May 22" 10 A. M.

Ward 4 Registered No. B C.12356

CERTIFICATE OF DEATH.

27

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clementine Brady

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Oct. 23 1902

AGE 5 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred C.

(Address) St. Elizabeth Home

Filed 5/22" 1908 MARY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1907 to May 20 1908 that I last saw h[illegible] alive on May 20 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 160 DAYS

Contributory (Primary.) measles

(DURATION) 180 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date May 21 1908

Place of Burial Cathedral Cemetery

Date May 22 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

Funeral May 22" at 6 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12357 Registered No. B C12357

CERTIFICATE OF DEATH.

155

(Place of Death.) No. 51 Joseph Hasbuld St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lurie Kapple.

{ Residence, if in Baltimore, Give Street and Number. } 240 S Eden St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 14 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balti

FULL NAME OF FATHER Jacob Kapple

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Etta Grunberg

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Katzen

(Address) 240 S Eden st.

Filed 5/22" 1908

HARRY C. ... Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Ac Carbol

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroners Office

Date May 21 - 08 190

Place of Burial Hebrew Boardale Cemetery

Date May 22, 1908

Undertaker May Levinson

Address 1620 N Eden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12358 C.12358 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Friendly Inn and Aged Home St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Simon Pamitzer

{Residence, if in Baltimore, Give Street and Number.} 109 Aisquith St.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1813

AGE: 95 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Simon Pamitzer

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hyman Buchner

(Address) 135 N Front St.

Filed 5/22" 1908 MARY C. ANDREWS Registrar (FIRST CLERK)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 20 1908

that I last saw h[illegible] alive on [illegible] 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

General asthenia

(DURATION) DAYS

Contributory (Primary) Senility (DURATION) 20 DAYS

(Signed) M. Bert M. Savage, M.D.

Address 1121 E. Baltimore St.

Date May 21st 1908

Place of Burial Hebrew Friendly Cemetery

Date May 22 1908

Undertaker Max Lippman

Address 1520 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C.12359 C.12359 40 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Isaac M Pinzan

{Residence, if in Baltimore, Give Street and Number.} 1922 Mc Culloh St.

Duration of Residence in Baltimore. 26 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Meyer Pinzan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Hanie Pinzan

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Breschkin

(Address) 1005 E B St

Filed 5/22 1908 MARKET C. ANDREWS, CHIEF CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 21 1908 that I last saw h alive on May 21 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 3 DAYS

Con'tributory (Primary.) Carcinoma of Liver

(DURATION) 2 DAYS

(Signed) Lehman Bayley Jr. M.D.

Address Hebrew Hospital

Date May 21 1908

Place of Burial Helma Friendship Cemet

Date May 22, 1908

Undertaker Max Leipnitz

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12360 Registered No. B C12360

CERTIFICATE OF DEATH. 66

(Place of Death.) No. 1621 Mc Henry st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C'Connell

{Residence, if in Baltimore, Give Street and Number.} 1621 Mc Henry st

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John C'Connell

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dennis D Sweeny

(Address) 1621 Mc Henry st

Filed 5/22 1908 HARRY O. ANDREWS. Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1908.

I HEREBY CERTIFY, That I attended deceased from July 20 1904 to May 20. 1908.

that I last saw him alive on May 20 1908.

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis -

(DURATION) DAYS

Con'tributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) A O'Driscoll M.D.

Address 261 S. Appleton St

Date May 21. 1908.

Place of Burial St. Peters Cem -

Date May 23rd 1908

Undertaker John J. Cowan

Address 901 N Gilmor St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12361 Registered No. B 1 20

CERTIFICATE OF DEATH.

(Place of Death.) No. 2108 McCulloh St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Leah Allison Morrow

{Residence, if in Baltimore, Give Street and Number.} 2108 McCulloh St Baltimore Md

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 24th 1840

AGE: 67 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): York Co. Penna.

FULL NAME OF FATHER: John C. Bailey

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Barbara Allison

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Morrow

(Address) 2026 Bolton Ave.

Filed 5/22 1908 MARRY O'ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20" 1908

I HEREBY CERTIFY, That I attended deceased from May 19" 1908 to May 20 1908 that I last saw h alive on May 19 1908, and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

7 Months (DURATION) DAYS

Con'tributory (Primary.) La Grippe

(DURATION) DAYS

(Signed) J S Barnard M.D.

Address 2112 N Charles St

Date May 20" 1908

Place of Burial Loudoun Park Cemetery

Date May 22 1908

Undertaker Bertram & Gore

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12362 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1314 Ruxton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Fe. Wigglesworth (Wigglesworth)

{ Residence, if in Baltimore, Give Street and Number. } 1314 Ruxton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — | —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Walker Wrigglesworth

BIRTHPLACE OF FATHER (State or country): Spottsville Va

MAIDEN NAME OF MOTHER: anna Crawford

BIRTHPLACE OF MOTHER (State or country): Balt City

OCCUPATION OF DECEASED: — | —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) anna Wrigglesworth

(Address) 1314 Ruxton st

Filed 5/22 1908 MARRY C? ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Duration

(DURATION) ..... DAYS

(Signed) Asa Bacon M.D.

Address 707 Log. av. (Govan),

Date May 22nd 1908

Place of Burial Mont auburn

Date May 22 1908

Undertaker John H. Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12363

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9°

CERTIFICATE OF DEATH.

Registered No. B C12363

City of Baltimore, (No. 1011, N. Chapel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: C

DATE OF BIRTH: Sep. (Month) 10 (Day) 1906 (Year)

AGE: 1 year, 20 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amelia Boundy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Boundy

(Address) 1011 N. Chapel St.

Filed 5/22 1908 HARRY C. ANDREWS. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 14 1908 to May 21 1908

that I last saw h~~im~~ alive on May 19 1908

and that death occurred, on the date stated above, at 9:30 A. M. The CAUSE OF DEATH was as follows:

a- Bronchitis

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Walter B White M. D.

May 21 1908 (Address) 1101 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: May 23 1908

UNDERTAKER: W. A. Elliott | ADDRESS: 501 Royer Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B C12364

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 Jefferson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie M Stokes

{Residence, if in Baltimore, Give Street and Number.} 1209 Jefferson St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Jackson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet McLaughlan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Hughes

(Address) 1209 Jefferson

Filed 5/22 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21, 1908

I HEREBY CERTIFY, That I attended deceased from Mch 26 1908 to May 20 1908

that I last saw her alive on May 20 1908

and that death occurred, on the date stated above, at 6 a.m.

I. CAUSE OF DEATH (Secondary or Immediate.)

Brights Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. H. G. Schmick M.D.

Address 424 East 23 St

Date May 21 1908

Place of Burial Laurel Cem

Date May 24 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12865 Registered No. B C12865

CERTIFICATE OF DEATH.

(Place of Death.) No. 2807 Valley (Waverly) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wallie Emma Woodson.

{Residence, if in Baltimore, Give Street and Number.} 2807 Valley St.

Duration of Residence in Baltimore. Eight years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — — 1

AGE 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) — Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archer Woodson

(Address) 2807 Valley St (Waverly)

Filed 5/22 1908 MARRY O' [illegible] PARKS CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from Mch 10 1908 to May 20 1908

that I last saw h[illegible] alive on May 20 1908.

and that death occurred, on the date stated above, at 1:40 a m. CAUSE OF DEATH (Secondary or Immediate)

Cant Phthisis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. T. Connell M.D.

Address 424 East 23d

Date May 21. 1908.

Place of Burial Laurel

Date May 24 1905

Undertaker R A Elliott

Address 508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C12366 Registered No. B C12366

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 44 S. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Danl Parker

{Residence, if in Baltimore, Give Street and Number.} 44 S. Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Black

DATE OF BIRTH Unknown 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Dan. Parker

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Labr.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Parker

(Address) 44 S. Stockton

Filed 5/22 1908

Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from Mch 10 1908 to May 21 1908

that I last saw h in alive on Mch. 20 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Purulent Pleurisy

2 mos (DURATION) DAYS

Contributory (Primary.) Osteomyelitis

1 Mo (DURATION) DAYS

(Signed) W Norwood M.D.

Address 139 W Fayette St

Date May 22 1908

Place of Burial Mt Auburn

Date May 23 1908

Undertaker Kaelin

Address 506 Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH.

C12367

Registered No. B

City of Baltimore, (No. 1137 Park Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mark B. Joseph

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 1st 1842 (Month) (Day) (Year)

AGE 66 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Londendarry Ireland

FULL NAME OF FATHER William Joseph

BIRTHPLACE OF FATHER (State or country) Londondarry Ireland

MAIDEN NAME OF MOTHER Rebecca Bell

BIRTHPLACE OF MOTHER (State or country) Londandarry Ireland

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Esther Joseph

(Address) 1137 Park ave

Filed 5/22 1908

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 28 1908 to May 21 1908 that I last saw him alive on May 20 1908, and that death occurred, on the date stated above, at 12.30 A. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis many years of mild degree, then set in general debility with wasting. I think it was Chiefly old age. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) A. K. Bond M. D.

May 21 1908 (Address) 849 Park ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore City

DATE OF BURIAL May 23 1908

UNDERTAKER William H Higdon

ADDRESS 867 Lindenave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12368

City of Baltimore, (No. 211 N Mulberry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary Coleman

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	..... (Month) ..... (Day) 1 (Year)
AGE	49 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Co Louth Ireland
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	— — —
MAIDEN NAME OF MOTHER	— — —
BIRTHPLACE OF MOTHER (State or country)	— —
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Ward

(Address) 221 W Mulberry St

Filed 5/22 190 8 ..... Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1905 to May 20th 1908 that I last saw her alive on May 20 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows: Hemorrhage Varicose Ulcer causing rupture of wall of Blood vessel Abscess 5 years (DURATION) 5' Contributory Cancer of Breast Penetrating Bowel, (DURATION) 4 months

(Signed) J. Fred Adams M. D.

190 (Address) 1314 N Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mer Cathedral — DATE OF BURIAL: 5/20 1908

UNDERTAKER: Wm J Schilling — ADDRESS: 204 W Madison St

Ward 7

C12369 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. Found on lot near Mt. Clare Station. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male a.d. | COLOR Black a.d.

DATE OF BIRTH Unknown 1

AGE ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) "

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or couutry) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/22 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found May 20. 1908 a.d.

Unknown 190

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Herbert C Blaker M.D.

Address 1014 N. La Fayette ave

Date ..... 190 .....

Place of Burial ..... JOHNS HOPKINS HOSPITAL MAY 23 1908 190 ....

Date .....

Undertaker .....

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C1230 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 872 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Gray

{Residence, if in Baltimore, Give Street and Number.} 872 Raborg

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joseph Gray

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Louisa Boone

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gray

(Address) 872 Raborg St

Filed 5/22 1908 MARY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1908

I HEREBY CERTIFY, That I attended deceased from May 14 1908 to May 20 1908

that I last saw him alive on May 19 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Nephritis

(DURATION) 10 DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) 3 DAYS

(Signed) H S McCaul M.D.

Address 2005 Druid Hill Ave

Date May 20 1908

Place of Burial National

Date May 21 1908

Undertaker John H. Loadman

Address 1424 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C12371 Registered No. B

CERTIFICATE OF DEATH. 64

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ringgold

{ Residence, if in Baltimore, Give Street and Number. } #1506 Fremont Ave Near Patterson Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 1841

AGE 66 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W Ringgold

(Address) 1506 Fremont Ave

Filed 5/22 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20, 1908

I HEREBY CERTIFY, That I attended deceased from May 10, 1908 to May 20 1908 that I last saw h-er alive on May 20 1908, and that death occurred, on the date stated above, at 10:45 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Cerebral apoplexy

(DURATION) 10 DAYS

(Signed) Maurice L. Shamm, M.D.

Address 1713 N. Gilmor pr

Date May 21 1908

Place of Burial Baltimore Cem

Date May 23rd 1908

Undertaker Richard Bonmeyer

Address 802 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13372 Registered No. B 7

CERTIFICATE OF DEATH. 93

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ernest Collins

{Residence, if in Baltimore, Give Street and Number.} 1937 David Hill Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1885

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Northumberland Co Va

FULL NAME OF FATHER: Charles Williams

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Kate Collins

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Tyler

(Address) 319 S. Chapel St

Filed 5/22 1908 HENRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 20 1908 that I last saw h-- alive on May 20 1908, and that death occurred, on the date stated above, at 9:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia (DURATION) ..... DAYS

(Signed) G.W. Billups M.D.

Address University Hospital

Date May 21st 1908

Place of Burial Jno Egan River Wh L Northumberland Co Va

Date May 23rd 1908

Undertaker Chas E Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C12373 — Registered No. B C12373 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 646 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Pfeffer.

{Residence, if in Baltimore, Give Street and Number.} 646 Columbia Ave.

Duration of Residence in Baltimore... 59 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Aug. 3rd 1831

AGE: 76 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cabinetmaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl N. Pfeffer

(Address) 718 W. Baltimore St

Filed 5/22 1908

HARRY O. [illegible]
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1908

I HEREBY CERTIFY, That I attended deceased from April 28th 1908 to May 21st 1908 that I last saw him alive on May 20th 1908, and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy Hemorrhagic

(DURATION) 21 DAYS

Contributory (Primary.) Prostration (DURATION) 1 DAYS

(Signed) Chas L. Bubenheim M.D.

Address 718. N. Paca St.

Date May 21st 1908

Place of Burial Loudon Park

Date May 23rd 1908

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12374 Registered No. B 87

CERTIFICATE OF DEATH.

(Place of Death.) No. 129 E. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Taylor (Taylor)

{ Residence, if in Baltimore, Give Street and Number. } 129 E. Clement St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 21st 1908

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robt H. Thomas

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Helen Thomas

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED House-work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Taylor

(Address) 129 E. Clement St

Filed 5/22 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1908

I HEREBY CERTIFY, That I attended deceased from May 21st 1908 to May 21st 1908 that I last saw her alive on May 21st 1908, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Thrombosis

(DURATION) 13 hrs DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 13 hrs

(Signed) J. F. Hawkins M.D.

Address 1608 Light St

Date May 21st 1908.

Place of Burial Cedar Hill

Date May 24 1908

Undertaker Josiah Lefler

Address 600 W North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 Registered No. B C.12378 C.12378 K 8

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eleanor C. Davis

{Residence, if in Baltimore, Give Street and Number.} 1211 N. Broadway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 3 1830

AGE 78 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Elijah Gaither

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed Davis

(Address) 1211 N Broadway

Filed 5/22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1908

I HEREBY CERTIFY, That I attended deceased from — 1907 to May 20th 1908

that I last saw h[illegible] alive on May 20th 1908,

and that death occurred, on the date stated above, at 12.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal haemorrhage

exhaustion

(DURATION) 2 DAYS

Con'tributory (Primary.) Chronic rheumatoid arthritis & mitral heart lesion (DURATION) several years DAYS

(Signed) R. B Warfield M.D.

Address 845 Park ave

Date May 21st 1908

Place of Burial Loudon Park

Date May 22 1908

Undertaker H. J. Tredgrdon

Address Caudud ave

WM. J. C. DULANY CO., BALTIMORE.

Dr R E Warfield - Rumney Pa

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B

C12376

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Eliza J. Dubac

{Residence, if in Baltimore, Give Street and Number.} 203 N. Hoffman St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: 1843

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 5/22 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 20 1908

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to May 20 1908

that I last saw h alive on May 20 1908,

and that death occurred, on the date stated above, at 11.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date May 21 1908

Place of Burial Laurel Cem

Date May 23rd 1908

Undertaker Jam's H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C12377 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) ~~No.~~ St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Powell

{Residence, if in Baltimore, Give Street and Number.} 1907 Alicianna Le-

Duration of Residence in Baltimore. 34 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) " — "

MAIDEN NAME OF MOTHER " — "

BIRTHPLACE OF MOTHER (State or country) " — "

OCCUPATION OF DECEASED Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Powell

(Address) 1907 Alicianna St

Filed 5/22 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908.

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to May 22 1908 that I last saw him alive on May 22 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

5 hours (DURATION) ~~DAYS~~

Contributory (Primary) Acute Lobar Pneumonia (DURATION) 10 DAYS

(Signed) Eugene L. Pussano M.D.

Address St Joseph's Hosp.

Date May 22 — 1908.

Place of Burial Mount Ararat

Date May 24-d 1908

Undertaker H. Nicolaus & Son

Address 1820 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward K Registered No. B 12378 [5]

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Francis Curtis.

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black -

DATE OF BIRTH: Apr. 15, 1908

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home per Mc.

Filed 5/23" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22, 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 21 1908 that I last saw h[illegible] alive on May 21 1908, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 14 DAYS

Contributory (Primary) Congenital Debility

(DURATION) Life DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carey St.

Date May 24 1908

Place of Burial Catholic Cemetery

Date May 23 1908

Undertaker Eli J. Pyle

Address 92 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12379 Registered No. B C12379

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 629 Greenwillow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Holliday

{Residence, if in Baltimore, Give Street and Number.} 629 Greenwillow St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Oct. 4th 1907

AGE: 0 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Henry Holliday

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Gertrude Anderson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Anderson

(Address) 629 Greenwillow

Filed 5/23 1908 REGISTRY OF ARRESTS, Registrar [illegible] CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21st 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

from Jan. 1908 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Julian Baeder M.D.

Address 700 Log. av. Comptr.,

Date May 27th 1908

Place of Burial Laurel Cem

Date May 23 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C12380 Registered No. B C12380

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Burgundy St. (If Death occurred in Hospital or Institution, Give Its Name Instead of Street and Number.)

Full Name Louis Fath Fath

{Residence, if in Baltimore, Give Street and Number.} 1003 Burgundy Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan 16th 1907
AGE	One years, 4 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Louis Fath
BIRTHPLACE OF FATHER (State or country)	Hungary
MAIDEN NAME OF MOTHER	Annie Fath
BIRTHPLACE OF MOTHER (State or country)	Hungary
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Fath

(Address) 1003 Burgundy

Filed 5/23 1908 HARRY G. ANDREWS, FINAL CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to May 22 1908 that I last saw h— alive on May 21 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwd Crumpton M.D.

Address 517 Cathedral

Date 190

Place of Burial Holy Cross C.A.Cc

Date May 23d 1908

Undertaker Jos. Huntebrinker

Address 1318 Light St

10 A M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12381 Registered No. B C12381

CERTIFICATE OF DEATH.

120

Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurenz Zinkhand

{ Residence, if in Baltimore, Give Street and Number. } 1106 N. Bond St.

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Aug. 15th 1823

AGE: 84 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Valentin Zinkhand

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Margarethe Zinkhand

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 5/23 1908 HARRY O. JENKINS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21st 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on May 20 1908,

and that death occurred, on the date stated above, at 11 p. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

[illegible] (DURATION) DAYS

Contributory (Primary)

Dropsy (DURATION) DAYS

(Signed) F. A. Warner, M.D.

Address 1133 Valley St

Date May 22 1908

Place of Burial Holy Redeemer

Date May 25th 1908

Undertaker E. Fink & Son

Address 915 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas H. Blades Sr

{ Residence, if in Baltimore, Give Street and Number. } 1028 N. Gay St

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: February 28 1831

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Talbot Co. Md.

FULL NAME OF FATHER: John Milton Blades

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. H. Blades

(Address) 1028 N. Gay st

Filed 5/23 1908 HARRY G. ABRAMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22 1908

I HEREBY CERTIFY, That I attended deceased from May 18 1908 to May 22 1908

that I last saw h— alive on May 22 1908,

and that death occurred, on the date stated above, at 3 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 1 DAY

Contributory (Primary.) Dencal calculi and hypertrophy of prostate (DURATION) ..... DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date May 22 1908

Place of Burial Mt Carmel

Date May 24 1908

Undertaker Lockard

Address 102 E Hartan

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12383 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 S. Parris St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon Milton Long

{ Residence, if in Baltimore, Give Street and Number. } 430 S Parrish St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 10th 1901

AGE 6 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child.

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William Long

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Lillie Boehm

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Lybeck MD

(Address) 539 N. Carrollton Ave

Filed 5/23 1908 MARKY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd 1908

I HEREBY CERTIFY, That I attended deceased from May 15th 1908 to May 22nd 1908

that I last saw him alive on May 22nd 1908

and that death occurred, on the date stated above, at 4:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) DAYS

Contributory (Primary) Scarlet Fever 7

(DURATION) DAYS

(Signed) Howard Lybeck M.D.

Address 539 N. Carrollton Ave

Date May 22nd 1908

Place of Burial Western Cem.

Date May 23 1908

Undertaker Ph. J. Dill & Son

Address 746 Columbia ave.

10/2 O. 6th

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

Registered No. C12384

CERTIFICATE OF DEATH.

C12384 '66

(Place of Death.) No. 3 Light St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Lautenklos

Residence, Give Street and Number, 705 N. Patterson Park Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 6" 1872

AGE: 36 years, 3 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Peter Lautenklos

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Barbara Rannig

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Lautenklos

(Address) 705 N. Patterson Park Ave.

Filed 5/29 1908 HARRY C. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from dined

— 190 to — 190

that I last saw ~~him~~ alive on — 190

and that death occurred, on the date stated above, at abt 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Crushed by shed Cable

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. G. Riley Coroner M. D.

Address 1639 Boundary

Date May 22 1908

Place of Burial London Park

Date May 24" 1908

Undertaker Chas. F. Evans

Address 1184 1/2 W. Mt. Royal Ave.

Remarks Was hurt while engaged in machinery of elevator accidentally — ad

8

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 012385

City of Baltimore, (No. Hospital for Crippled Children St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Abramowicz

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Sing[illegible]

BIRTHPLACE (State or country): 1850 Collington Ave Baltimore

FULL NAME OF FATHER: Casimer

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Kavera Dawa, Kg

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kazmiers Abramowicz

(Address) 1850 Collington Ave

Filed 5/23 1908 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 22nd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 19th 1908 to May 22 1908

that I last saw him alive on May 22 1908, by assistants

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Entero Colitis

auto-intoxication

(DURATION) 1 DAY

Contributory Convulsions

(DURATION) ..... DAYS

(Signed) R. Eustace Taylor M. D.

May 22nd 1908 (Address) 2000 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Child was admitted for Hare Lip & Cleft Palate. 1850 Collington Ave.

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 24 1908

UNDERTAKER: J. E. Faulkner — ADDRESS: 724 S. Bond

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C12386 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 906 Peach alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Gibson

{ Residence, if in Baltimore, Give Street and Number. } 906 Peach al

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH February 17 1860

AGE 48 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER — "

BIRTHPLACE OF MOTHER (State or country) — "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Gibson daughter

(Address) 906 Peach al

Filed 5-23 1908 HARRY C. AMBRUST PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 5 [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

I Pulmonary Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date May 22 1908

Place of Burial Mt Auburn

Date May 23d 1908

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C12387 Registered No. B

CERTIFICATE OF DEATH. 69

(Place of Death.) No. 1629 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert V. Brauer

{ Residence, if in Baltimore, Give Street and Number. } 1629 N. Bond st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 31st 1873

AGE: 34 years, 8 months, 22 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Peter D H Brauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sidonia Meisner

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George F Brauer Brother

(Address) 1629 N Bond st

Filed 5/23 1908

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22d 1908

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to May 22 1908 that I last saw h[illegible] alive on May 22 1908 and that death occurred, on the date stated above, at 1020 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy.

(DURATION) 10 DAYS

Contributory (Primary.)

Cerebral Hemorrhage (DURATION) 1 hour

(Signed) Edward Fletcher M.D.

Address 2[illegible] August[illegible]

Date May 24th 1908

Place of Burial Baltimore Cemetery

Date May 25th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C12388 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 Walcrat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert H Grimes (Grimes)

{ Residence, if in Baltimore, Give Street and Number. } 821 Walcoat st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 .....

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Robert. Grimes. Sr.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margret. Lewis.

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Porter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Grimes

(Address) 821 Whatcoat. St.

Filed 5/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

about four mos. (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Asia Bacon M.D.

Address 708 Leg. Av. (Corner)

Date May 22nd 1908

Place of Burial Mt. Auburn Cemetery

Date May 24th 1908

Undertaker Felix. B. Pope.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12389 Registered No. B C12389

CERTIFICATE OF DEATH.

(Place of Death.) No. 2312 Edmondson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beulah C. Taylor

{Residence, if in Baltimore, Give Street and Number.} 2312 Edmondson Ave

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1904

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Martin V. Taylor

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Jennie V. Caywood

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin V. Taylor.

(Address) 2312 Edmondson Ave

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22. 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1908 to May 22 1908

that I last saw h alive on May 21 1908,

and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever.

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. Longon M.D.

Address 1403 W. Fayette st

Date May 22 1908

Place of Burial St Peters ✓

Date May 23 1908

Undertaker John H. Cowan ✓

Address 1901 Hollins St

1 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

C.12390

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 1226 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Kyles

{Residence, if in Baltimore, Give Street and Number.} 1226 Division St.

Duration of Residence in Baltimore. 27

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1880

AGE 28 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm H. Kiles

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Martha Forrester

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Kiles

(Address) 1226 Division St

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 22 1908

that I last saw her alive on May 21 1908,

and that death occurred, on the date stated above, at 5.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Tuberculosis

(DURATION) 5 mos. 8 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey St

Date May 22. 1908

Place of Burial Laurel Cem

Date May 24th 1908

Undertaker Danl H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C12391 Registered No. B C12391

CERTIFICATE OF DEATH.

(Place of Death.) No. 105. N. Bruce St. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Starl.

{Residence, if in Baltimore, Give Street and Number.} 105. N. Bruce st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1848

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Cant tell

MAIDEN NAME OF MOTHER Cant tell

BIRTHPLACE OF MOTHER (State or country) Cant tell

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Serena Dickson

(Address) 105 N. Bruce St

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd 1908.

I HEREBY CERTIFY, That I attended deceased from Mar 20 1908 to May 22 1908

that I last saw her alive on May 22 1908

and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart disease

(DURATION) 1 yr ~~DAYS~~

Contributory (Primary) Bright's Kidney dis

(DURATION) DAYS

(Signed) G. W. Slater M.D.

Address 1703 W. Baltimore

Date May 22nd 1908

Place of Burial Mt Auburn Cem

Date May 24th 1908

Undertaker Saml. W. Carstairs

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 12392 Registered No. B 12392 46

CERTIFICATE OF DEATH.

(Place of Death.) No. 671 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adolph Willing

{Residence, if in Baltimore, Give Street and Number.} 671 W Fayette

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Sept 21 1849

AGE: 58 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Journalist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 5/23 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22 1908

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to May 22 1908

that I last saw him alive on May 21 1908

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate)

Fibroma Abdominal

three years (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) V. VanWilliams M.D.

Address 601 N Carrollton Ave

Date May 22 1908

Place of Burial Trinity Cem

Date May 24th 1908

Undertaker G. W. Dill.

Address 810 Eredk. Ave. Lat.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12393 Registered No. B C12393

CERTIFICATE OF DEATH.

(Place of Death.) No. 2418 Hudson St - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Poter

{ Residence, if in Baltimore, Give Street and Number. } 2418 Hudson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER John Poter.

BIRTHPLACE OF FATHER (State or country) Austria.

MAIDEN NAME OF MOTHER Celia Marska.

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Poter.

(Address) 2418 Hudson St

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to May 22 1908 that I last saw her alive on " 22 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

5 (DURATION) DAYS

Contributory (Primary.) Cardiac Paralysis

(DURATION) DAYS

(Signed) C.S. Neer M.D.

Address 619 S. Patterson Park ave

Date May 22 1908

Place of Burial St. Stanislaus.

Date MAY 23 1908 190

Undertaker M. F. SADOWSKI

Address 703 S. ANN ST. BALTIMORE MD

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C12394

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626, Bank st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Jasper

{Residence, if in Baltimore, Give Street and Number.} 1626, Bank st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 6 1870

AGE 37 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Philip Tinsche

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louisa Vontz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tillie Jasper

(Address) 1626 Bank St.

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from about April 22 1908 to May 22 1908 that I last saw h er alive on May 21 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Phthisis pulmonalis florida (DURATION) about 30 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date May 22 1908

Place of Burial Baltimore Cem.

Date May 24 1908

Undertaker HENRY SANDER & SONS

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C12395

Registered No. B

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 313 S. Wolfe St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Helwig

{Residence, if in Baltimore, Give Street and Number.} 313 S. Wolfe St.

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 13th 1844

AGE: 63 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John C. Helwig

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret E. Sommers

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Helwig

(Address) 313 S. Wolfe St

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21st 1908

I HEREBY CERTIFY, That I attended deceased from Feb 28 1908 to May 21st 1908

that I last saw him alive on May 7th 1908

and that death occurred, on the date stated above, at 10.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

a few minutes (DURATION) DAYS

Contributory (Primary) senile debility, incident to old age (DURATION) DAYS

(Signed) R. T. Hardy, M.D.

Address 1902 Park St.

Date May 22nd 1908

Place of Burial Mt. Carmel Cem

Date May 25 1908

Undertaker HENRY SANDER & SONS

Address [illegible] Broadway & Baltimore

[illegible] Charles Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 Registered No. B C12396

CERTIFICATE OF DEATH.

(Place of Death.) No. 232 S. Bethel St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Milkie Church

{Residence, if in Baltimore, Give Street and Number.} 232 S. Bethel St.

Duration of Residence in Baltimore. Abont 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Marion Station Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Milkie Miles

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Horse Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Church

(Address) 232 S Bethel st

Filed 5/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22nd 1908

I HEREBY CERTIFY, That I attended deceased from May 17th 1908 to May 22nd 1908 that I last saw h alive on May 22nd 1908 and that death occurred, on the date stated above, at 11.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Heart failure

(DURATION) 2 DAYS

(Signed) A. F. Reis M.D.

Address 213 S. Bond St

Date May 22nd 1908

Place of Burial Greenfield Woodlawn Cemetery

Date 24 May 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C.12397

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Diffenderfer

{ Residence, if in Baltimore, Give Street and Number. } Catonsville, Md.

Duration of Residence in Baltimore. 2 Months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 3rd 1849

AGE: 59 years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry G. Brown

(Address) Catonsville Md.

Filed 5/23 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to May 22 1908

that I last saw him alive on May 22 1908

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1/2 DAYS

Contributory (Primary.) Cirrhosis of liver

(DURATION) 2 Years

(Signed) Ralph Duffy M.D.

Address Franklin Sq. Hosp.

Date May 22 1908

Place of Burial Greenmount Cemetery

Date May 25th 1908

Undertaker Steward & Mowen Co

Address 210 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B [illegible] C/2398 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 2112 Montrose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis. P. Althoff

{Residence, if in Baltimore, Give Street and Number.} 2112 Montrose St

Duration of Residence in Baltimore. 2 Months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 32 years, — months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Hanover Pa

FULL NAME OF FATHER: Lewis S Althoff.

BIRTHPLACE OF FATHER (State or country): Hanover Pa

MAIDEN NAME OF MOTHER: Florence G Morrow

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E Althoff.

(Address) 2112 Montrose St

Filed 5/23 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20th 1908.

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Asthema and Inanition

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Herbert. C Blake M.D. Coroner

Address 1014 N La Fayette ave

Date May. 21. 190

Place of Burial London Park Cemetery

Date MAY 23 1908 190

Undertaker George A Gerberg

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, single) of the person deceased, and the **cause and date of death.**

Ward ..... C12399 Registered No. B C12399

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number) 19

Full Name Charles Thomas

{ Residence, if in Baltimore, Give Street and Number. } 818. Druid Hill Ave

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Andrew Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Thomas

(Address) 543 W Preston St

Filed 5/23 1908

Registrar HARRY C. ANDREWS PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 20 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 20 1908 that I last saw him alive on May 20 1908, and that death occurred, on the date stated above, at 7.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Aortic & mitral insufficiency.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) P. S. Clough M.D.

Address Johns Hopkins Hospital

Date May 22 1908

Place of Burial Laurel

Date May 23 1908

Undertaker Wm J. Gaetkan

Address 1421 Mulliken St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. D .....

C. 12400

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacobina Kopp. Dobb

{ Residence, if in Baltimore, Give Street and Number. } 1313 N. Vincent St.

Duration of Residence in Baltimore. 37 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Sept 26 1819

AGE 89 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Leonard Mire

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Jacobina Mire

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/23 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21st 1908

I HEREBY CERTIFY, That I attended deceased from March 2 1908 to May 21 1908

that I last saw h— alive on May 21 1908,

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 22 1908

Place of Burial Loudon Park

Date May 24, 1908

Undertaker Robt J. Turner

Address 1442 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C12401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C12401

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 9, N. Stricker St.; 19th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Russell C. Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White
DATE OF BIRTH	Sept. 4 1888 (Month) (Day) Year)
AGE	19 years, 8 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City.
FULL NAME OF FATHER	James W.Dixon,
BIRTHPLACE OF FATHER (State or country)	Frederick Co.Md.
MAIDEN NAME OF MOTHER	Betty A.Smith,
BIRTHPLACE OF MOTHER (State or country)	Virgina.
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W.Dixon,

(Address) 9 (.(tricker St.

Filed 5/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to May 21 1908 that I last saw him alive on May 21 1908, and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis of lungs

(DURATION) 3 W. DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Benj. F. Phillips M. D.

May 22 1908 (Address) 1929 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death Y Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 24 1908
UNDERTAKER	ADDRESS
Geo W.Little,	531 N.Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 Registered No. B C 12402

CERTIFICATE OF DEATH.

Place of Death.) No. Dallfield Ave. Rear of Baltimore Ave. St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Fletcher.

{ Residence, if in Baltimore, Give Street and Number. } Dallfield Ave.

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W.
DATE OF BIRTH	July 16 — 1832
AGE	76 years, 10 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Francis Fletcher
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Jane Maitly
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Fletcher

(Address) Dallfield ave

Filed 5/23 1908 HARRY O. ADKINS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May-21- 1908

I HEREBY CERTIFY, That I attended deceased from May 10. 1908 to May 21 1908

that I last saw him alive on May 21 1908.

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Old age

(DURATION) DAYS

(Signed) James. S. McKenrick M.D.

Address 4005 Park Heights

Date May-22 — 1908

Place of Burial Loraine

Date May 24 1908

Undertaker Geo W Little

Address 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C-12403

CERTIFICATE OF DEATH.

Place of Death.) No. 109 N. Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antoinette Brockschmidt

{ Residence, if in Baltimore, Give Street and Number. } 109, N. Collington ave.

Duration of Residence in Baltimore. 41 years,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 15th 1

AGE 81 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Sandkuhler

(Address) 109 N. Collington.

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 22 1908 that I last saw her alive on May 20 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paresis ~~xxxxx~~

(DURATION) 7 DAYS

Contributory (Primary.) Aphasia

(DURATION) 3 years

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date May 23 1908

Place of Burial Holy Redeemer

Date May 25 1908

Undertaker Trendell & Gippel & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 Registered No. B

C. 12404

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Jay.

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W
DATE OF BIRTH May 1 1908	
AGE ....years, ...months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 5/23 1908 HARRY C. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

....(DURATION) DAYS

Contributory (Primary.) ....

....(DURATION) DAYS

(Signed) P Martin M.D.

Address ....

Date May 22 1908

Place of Burial Mt. Calvary

Date May 23 1908

Undertaker Martin Funeral Co

Address 606 E. Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C12405 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jerome Bright

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf Asy

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1901

AGE ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) DAYS

Contributory (Primary.)

Prematurity (DURATION) DAYS

(Signed) P S Martin M.D.

Address .....

Date May 22 1908

Place of Burial Holy Rood Cathedral

Date May 23 1908

Undertaker Martin Fahey Co.

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 3406

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Alice Roseveet

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH March 14 1907

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 5/23 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) R. Mallon M.D.

Address .....

Date May 22 1908

Place of Burial New Cathedral

Date May 23 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12407 Registered No. B C12407

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Jacobs

{Residence, if in Baltimore, Give Street and Number.} 507 N. Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: colored

DATE OF BIRTH: June 29th 1901

AGE: 6 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Jacobs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Howard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Harris

(Address) 507 N. Bruce St.

Filed 5/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23rd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or immediate.)

Pneumonia

..... (DURATION) 20 DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Alan Baldwin M.D.

Address 700 Log. Av. (Govans)

Date May 23rd 1908

Place of Burial Cl. Hill

Date May 23 1908

Undertaker W. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C12408 Registered No. B

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Bays Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Shane

{Residence, if in Baltimore, Give Street and Number.} 2045 Harlem Ave

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1848

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cumberland Md

FULL NAME OF FATHER: John Shane

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Harrison Jr

(Address) Howard Park Balto Co

Filed 5/23 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190,

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary) (Fall?)

(DURATION) DAYS

(Signed) Geo. Ely Coroner M.D.

Address 1639 Bway

Date May 23 1908

Place of Burial Cumberland Md

Date May 23rd 1908

Undertaker Martin Fahey & Sons

Address 66 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C12409 Registered No. B

CERTIFICATE OF DEATH.

164

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Yuiglang

{ Residence, if in Baltimore, Give Street and Number. } 941 Hollins St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH about 1838

AGE 70 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C.Y. Yuiglang

(Address) Wash. D.C.

Filed 5/25" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to May 22 1908 that I last saw h[er] alive on May 22 1908, and that death occurred, on the date stated above, at 12 noon

CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia
& senility

(DURATION) 4 DAYS

Contributory (Primary) Fracture of neck of left femur (traumatic) caused by slipping & falling

(DURATION) 5 months

(Signed) [illegible] M.D.

Address University Hospital

Date May 22 1908

Place of Burial Baltimore

Date May 25 1908

Undertaker Chas E. Fouracre

Address 1461 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12410

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2318 Hunters Alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mattie Mildred Jennings

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: colored

DATE OF BIRTH: May 19th (Month) (Day) 1908 (Year)

AGE: — years; — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Jennings

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Florence Nicholas

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Mattie Holmes

(Address) 2318 Hunter Alley

Filed 5/23" 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 21 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 21 1908 to May 21 1908

that I last saw her alive on May 21 1908,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Haemorrhage from the umbilicus

(DURATION) ..... DAYS

Contributory Sloughing of umbilical Cord (DURATION) 1 DAYS

(Signed) J. H. Smith Jr. M. D.

May 23 1908 (Address) 2205 St Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: May 24 1908

UNDERTAKER: Geo. B. Holland

ADDRESS: 1128 Argyle Ave.

Ward 10 Registered No. B C.12411

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1230 West Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gladding

{ Residence, if in Baltimore, Give Street and Number. } 1230 West Lafayette Ave

Duration of Residence in Baltimore. always.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH May 20 1908

AGE — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Gladding

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Mc Cann Ebert

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Ward Jr

(Address) 1230 W Lafayette ave

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to May 23 1908 that I last saw him alive on May 23 1908, and that death occurred, on the date stated above, at 11.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. H. A. Mayer M.D.

Address 1618 Madison Ave

Date May 23 1908

Place of Burial Greenmount

Date May 24th 1908

Undertaker G. F. Walker

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1212 Pulliam St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Garrett

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Harley Garrett.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susan Waters

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Rose

(Address) 1438 Druid st - Pro Dates Dr M.E.K.

Filed 5/24 1908

Registrar HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22 1908

I HEREBY CERTIFY, That I attended deceased from — 1907 to May 22 1908

that I last saw him alive on a short time back.

and that death occurred, on the date stated above, at 1145 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis, have been attending him on a year, but did not keep dates of his visits to me. (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) J. D. Gilbert M.D.

Address 211 N. Lanvale St

Date May 22 1908

Place of Burial Laurel Cemetery

Date May 24th 1908

Undertaker Felix B Rue

Address 102 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Light & Herman (Intown Hse Place Balto Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Rothmanesky

Residence, Give Street and Number, 239 W Lemmetta ~~Ave~~ St.

Duration of Residence in Baltimore, Lifetime C.12473

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Mail | COLOR: White

DATE OF BIRTH: 1

AGE: 16 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Barney Rothmansky

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Sarah Weinberg

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE AND BELIEF.

(Informant) B. Rothmansky

(Address) 239 W. Lemmetta St

Filed May 24 1908 H.C.W. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: May 23 1908

I HEREBY CERTIFY, That I ~~not~~ attended deceased from ..... 190 to 190

that ~~I last saw h~~ alive on ..... 190 and that death occurred, on the date stated above, at about 5 60

M. CAUSE OF DEATH (Secondary or Immediate.)

~~Shock Cardiac Failure~~

Human Lage Thick

(DURATION) DAYS

Contributory (Primary) Abdomen Opened Re by Car.

(DURATION) DAYS

(Signed) W. J. Riley M. D.

Address 1639 Bonney

Date May 24 1908

Place of Burial Hebrew Washington Rd

Date May 24 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

Ward 8 — Registered No. B C. 12414

CERTIFICATE OF DEATH.

137

(Place of Death.) No. 1610 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace V. Fauntleroy

{Residence, if in Baltimore, Give Street and Number.} 1610 N. Bradford.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH May 12th 1886 ~~1908~~.

AGE 22 years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Eckert.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Emma Smith

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Eckert

(Address) 1610 N Bradford

Filed May 24 1908 H.C.W. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from May 14 1908 to May 22 1908 that I last saw h~~e~~r alive on May 22 1908 and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

Following Grip (DURATION) Two weeks.

Contributory (Primary.) (DURATION)

(Signed) C. F. Eckert M.D.

Address 1419 E Eager

Date May 23. 1908

Place of Burial Mt Olivet

Date May 25 1908

Undertaker Geo W Little

Address 531 N. Fremont

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 12415 Registered No. B C 12415

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Newington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas E. Waters

{Residence, if in Baltimore, Give Street and Number.} 704 Newington Ave.

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 11 1861

AGE 46 years, 7 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER A. J. Waters

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER K. A. Windsor

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Waters

Address 704 Newington ave

Filed May 24 1908 G.C.W. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 — 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to May 23 1908 that I last saw h in alive on May 22 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate) —

Ex haustion

(DURATION) DAYS

Contributory (Primary) Cancer of Stomach

(DURATION) DAYS

(Signed) W R Kerr M.D.

Address 2116 St Paul St

Date May 23 — 1908

Place of Burial Druid Ridge Cemetery

Date MAY 25 1908 190

Undertaker Chas. H. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C.12716 Registered No. B [illegible] 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 439 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Gately

{Residence, if in Baltimore, Give Street and Number.} 439 E. Preston st

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1858

AGE 49 years, – months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Wm Gately

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Gately

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Gately

(Address) 439 E. Preston st

Filed May 11 1908 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to May 22 1908

that I last saw h[illegible] alive on May 22 1908,

and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Oesophagus

6 mos (DURATION) DAYS

Contributory (Primary.)

Starvation (DURATION) DAYS

(Signed) James M Fenton M.D.

Address 701 Park Ave

Date May 22 1908

Place of Burial Holy Cross Cemetery

Date May 25 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1609 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen J. Colbert

{Residence, if in Baltimore, Give Street and Number.} 1307 Valley St

Duration of Residence in Baltimore. Life

C. 12 4/17

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 13 1882

AGE 25 years, 9 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Colbert

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Hayden

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Fore Woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1307 Valley St

Filed May 24 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22. 1908

I HEREBY CERTIFY, That I attended deceased from March 30 1908 to May 22. 1908 that I last saw her alive on May 21 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION) 4 DAYS

Contributory (Primary) Pulmonary Tuberculosis - (DURATION) 5 Mos. ~~Days~~

(Signed) Mary F Voeglein M.D.

Address 1028 Valley St.

Date May 22. 1908. 190

Place of Burial Cathedral

Date May 25 190 8.

Undertaker W. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

83

(Place of Death.) No. 1102 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Conway

{Residence, if in Baltimore, Give Street and Number.} 1102 E. Madison St

Duration of Residence in Baltimore. Dont know C. 12/18

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 20th 1854

AGE 53 years, 5 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patk. Dunn

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Dont Know.

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) niece

(Address) 1102 E. Madison St

Filed May 24 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to May 23 1908 that I last saw h er alive on May 23 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation

General Varicose veins (Phlebolithis) (DURATION) 2 yr DAYS

Contributory (Primary.)

Asthenia (DURATION) 1 DAYS

(Signed) M Kattalinich M.D.

Address 827 Ensworth St

Date May 23 1908

Place of Burial Cathedral

Date May 26th 1908

Undertaker H. L. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 823 Eastern Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank Guanglini

{ Residence, if in Baltimore, Give Street and Number. } 823 Eastern Ave

Duration of Residence in Baltimore. C/12/19

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 23 1908

AGE: 12 hours (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Guanglini

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Zontini

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Guanglia

(Address) 823 Eastern Ave

Filed 5/24" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to May 23 1908 that I last saw h[e] alive on May 23 1908, and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity Birth (6 mo

(DURATION) 12 hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date May 24 1908

Place of Burial Holy Rosary

Date May 25 1908

Undertaker Wendell Tippel & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 W

Registered No. 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1741 Bolton av. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Oleata Grannum

{Residence, if in Baltimore, Give Street and Number.} 1741 Bolton av

Duration of Residence in Baltimore. 4 years, 12 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sep 9 1881

AGE: 26 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West Va.

FULL NAME OF FATHER: Harry C Foley

BIRTHPLACE OF FATHER (State or country): West Va

MAIDEN NAME OF MOTHER: Mattie Spurr.

BIRTHPLACE OF MOTHER (State or country): West Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Grannum

(Address) 1741 Bolton av

Filed 5/24" 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to May 22 1908

that I last saw h er alive on May 22 1908

and that death occurred, on the date stated above, at 11.36 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Hemorrhage

(DURATION) 1/2 hour DAYS

Contributory (Primary.) Phthisis Pneumonalis (DURATION) 4 wks DAYS

(Signed) Robt. P. G. Schmidt M.D.

Address 1318 E. Chas St.

Date May 24 1908

Place of Burial Mt. Union M. Gar.

Date May 24 1908

Undertaker Edw. J. Fanning

Address 1460 Bailey Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

104

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H Rowland

{ Residence, if in Baltimore, Give Street and Number. } Port Deposit Md

Duration of Residence in Baltimore. C 12421

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 24 1819

AGE: 88 years, 5 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Rowland

(Address) Port Deposit Md.

Filed 5/24" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908

I HEREBY CERTIFY, That I attended deceased from March 29 1908 to May 24 1908

that I last saw h alive on May 24 1908,

and that death occurred, on the date stated above, at 11 40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrage of Stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date May 24 1908

Place of Burial Red Nottingham Md

Date May 25 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12422

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 897, W. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Bloecher

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 14th 1897 (Month) (Day) (Year)
AGE	9 years, 6 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Frederick Bloecher
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Annie Berger
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Bloecher

(Address) 897 W. Lombard St

Filed 5/24" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 24 1908 that I last saw h alive on May 23 1908 and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Scarlet Fever

(DURATION) 7 DAYS

Contributory Heart Failure

(DURATION) 1 DAYS

(Signed) Harry Boyd M. D.

May 24 1908 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	May 25 1908
UNDERTAKER	ADDRESS
A. Jones	216 S. Stricker St

WM. J. C. DULANY CO., BALTIMORE.

Funeral May 25 "/08 at 730 A. M.

Ward 4 — Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. S. E. Cor. Leight & Patterson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Calotta

{ Residence, if in Baltimore, Give Street and Number. } 129 Patapsco St. N.

Duration of Residence in Baltimore. Septem 1923

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 8 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Frank Culotta

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Concetta Liberto

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Culotta

(Address) 129 N. Patterson St

Filed 5/24" 1908

HARRY C. ANDERS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23 1908

I HEREBY CERTIFY, That I attended ~~deceased~~ deceased from did not

190 to 190

~~that I last saw him~~ alive on 190,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brain Crushed H. P.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Ruly Turner M.D.

Address 163 E Broadway

Date May 24 1908

Place of Burial New Cathedral

Date May 25" 1908

Undertaker Uzzell Dispel Bon

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C12424

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1712 N Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie M Brown

{Residence, if in Baltimore, Give Street and Number.} 1712 N. Spring St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

1

AGE: 7 years, 1 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Husband Woodworth

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Ida Stringfield

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ~~House~~ Son

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Step Father Stringfield

(Address) 1713 N Spring

Filed 5/25 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to May 23 1908

that I last saw he alive on May 23 1908,

and that death occurred, on the date stated above, at 8:45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus contracted -

Heart

(DURATION) 20 DAYS

Contributory (Primary) Heart

(DURATION) 20 DAYS

(Signed) Dr Lyttleton Howard M.D.

Address 708 Ensor St

Date May 23 1908

Place of Burial Laurel

Date May 25 1908

Undertaker R. A. Elliott

Address 506 Reynolds Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 11 Registered No. D

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 520 St Paul St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Cornish

{ Residence, if in Baltimore, Give Street and Number. } 520 St Paul St

Duration of Residence in Baltimore. 15 years C 12425

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Thompson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Hughes

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Cornish

(Address) 520 St Paul St

Filed 5/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Saturday May 23d 1908

I HEREBY CERTIFY, That I attended deceased from April 25 1908 to May 23 1908 that I last saw h[illegible] alive on May 22 1908, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Peritonitis (DURATION) DAYS

Contributory (Primary) Val. Dis. of Heart (DURATION) 4 Months

(Signed) [signature] M.D.

Address 607 N. Charles St

Date May 23d 1908

Place of Burial Mt Auburn

Date P. A. Elliott 1908

Undertaker P A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12426 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Lutheran Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Krebeck

{Residence, if in Baltimore, Give Street and Number.} 810 Little Green St

Duration of Residence in Baltimore. 1yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Feb 23 1885

AGE 23 years, 3 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Krebeck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 1013 Burgundy Alley

(Address) Matilda Kreibeck

Filed 5/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5/23 1908

I HEREBY CERTIFY, That I attended deceased from 5/28 1906 to 5/23 1908

that I last saw him alive on 5/23 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Nutritional and Cerebro Spinal Degeneration (DURATION) DAYS

(Signed) Arthur M Hurley M.D.

Address Lutheran Hosp.

Date May 23 1908

Place of Burial Holy Cross A & C

Date May 25 1908

Undertaker Jos. Stumbes & Co

Address 1818 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

40

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Dietrick

{Residence, if in Baltimore, Give Street and Number.}

C 12427

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 9th 1857

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Andreas Dietrick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Gertrud Kerr.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted] Hyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 5/25 1908

[redacted] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1907 to May 22 1908

that I last saw h[redacted] alive on May 22 1908,

and that death occurred, on the date stated above, at 3.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cancroid 3

Stomach (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 23 1908

Place of Burial Ft Alphonsus.

Date May 25th 1908

Undertaker Jos. Stumbaugh

Address 1518 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

Registered No. B 12428

28

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Lizzie E. Dunaee

{Residence, if in Baltimore, Give Street and Number.} Laurel, Md

Duration of Residence in Baltimore. 5 yrs B 12428

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. E. French

(Address) Laurel Md

Filed 5/25/ 1908

HY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 24th 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to May 24 1908

that I last saw her alive on 5-24 1908

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) DAYS

Con'tributory (Primary.) Chronic tuber-

Culos Meningitis (DURATION) DAYS

(Signed) R. C. Franklin M.D.

Address Maternity Hospital

Date May 26 1908

Place of Burial Laurel Md.

Date May 25 1908

Undertaker Chas F. Evans

Address 118 W. Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12429 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Jancke.

{Residence, if in Baltimore, Give Street and Number.} 409 York Rd.

C12429

Duration of Residence in Baltimore. 36 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Jancke

(Address) 409 York Road

Filed 5/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to May 24 1908 that I last saw h[illegible] alive on May 24 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W. H. Baker M.D.

Address City Hospital

Date May 26 1908

Place of Burial London Park Cemetery

Date May 26 1908

Undertaker Wm Groth

Address 502 E Monument

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12430 Registered No. B

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 2629 Boone — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie C Burkmeier

{Residence, if in Baltimore, Give Street and Number.} 2629 W Boone St.

Duration of Residence in Baltimore. Life C 12430

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Augustus Knight

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary C. Johnson

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Knight

(Address) 2629 Boone St.

Filed 5/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1907 to May 23 1908

that I last saw h— alive on May 23 1908,

and that death occurred, on the date stated above, at 6a.

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) 7 DAYS

Contributory (Primary) Intestinal Nephritis (DURATION) 2 years DAYS

(Signed) John O. Kuhn M.D.

Address 428 Gorsuch Ave

Date May 23 1908

Place of Burial Greenmount

Date May 26/08 1908

Undertaker Wm Cook

Address 702 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 117. N Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Margaret McCall.

{ Residence, if in Baltimore, Give Street and Number. } 117 N. Mount.

C. 12:31

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Minogue

(Address) 117 N. Mount St

Filed 5/25. 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May. 24. 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac dilatation

(DURATION) DAYS

Contributory (Primary.) Heart clot.

(DURATION) DAYS

(Signed) Hubert C Blake M.D.

Address 1014 N. La Fayette

Date May. 14. Coroner 1908

Place of Burial Cathedral Cem.

Date May 26 1908

Undertaker John J. Conway

Address 901 Hollins St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12432 Registered No. B C12432

112

CERTIFICATE OF DEATH.

(Place of Death.) No. 170 N Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johannah Shea

{Residence, if in Baltimore, Give Street and Number.} 170 N. Bethel

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Don't know

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Mary Hallahan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Shea

(Address) 170 N Bethel

Filed 5/25-18 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23, 1908

I HEREBY CERTIFY, That I attended deceased from March 21, 1908 to May 23, 1908 that I last saw h-er alive on May 23, 1908, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

Several months (DURATION) DAYS

Contributory (Primary.) Gastric Catarrh

Several months (DURATION) DAYS

(Signed) A. A. Elwell M.D.

Address 1741 Harlem Ave

Date May 24, 1908

Place of Burial Texas Md

Date May 26, 1908

Undertaker Robt J Turner

Address 1742 N. Bway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C12433 Registered No. B .....

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 525 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda A. Bowen

{ Residence, if in Baltimore, Give Street and Number. } 525 N. Milton Ave

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 27 1829

AGE 79 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Charles Ulmar

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sarah Smith

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert H. Mathewes

(Address) 525 N Milton Ave

Filed 5/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Apr 11th 1908 to May 23 1908

that I last saw her alive on May 23 1908

and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Dilatation (DURATION) 42 DAYS

(Signed) C. K. Jumper M.D.

Address 1415 Madison Ave

Date May 24 1908

Place of Burial London Park Cem

Date May 25 1908

Undertaker H. Allen Fuller

Address 2013 E. Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 113 N. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Palmer c

{Residence, if in Baltimore, Give Street and Number.} 113 N. York St

Duration of Residence in Baltimore. Life C 12434

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Don't know

AGE 34 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Brown c

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Foster c

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Palmer c (husband)

(Address) 113 N York St

Filed 5/25 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date May 24 1908

Place of Burial mt auburn cemetery

Date may 25 1908

Undertaker John H Stadmier

Address 1142 u hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 431 W. Henrietta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Baby Wheeler

{Residence, if in Baltimore, Give Street and Number.} 431 W Henrietta St

Duration of Residence in Baltimore. Life C 12435

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH April 11 1908

AGE — years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Harry Wheeler

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Julia Green

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Wheeler Mother

(Address) 431 W Henrietta St

Filed 5/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Otto Heinhardt M.D.

Address Coroner

Date May 24 1908

Place of Burial Mt Auburn Cemetery

Date May 25 1908

Undertaker John H Goodwin

Address 1142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7A. C12436 Registered No. B 18

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hudson H. Miller

{Residence, if in Baltimore, Give Street and Number.} 2019 Frederick Ave.

Duration of Residence in Baltimore. 15 yrs

C 12436

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Dec 8 1892

AGE 15 years, 5 months, 15 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John H. Miller

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary F. Kulp

BIRTHPLACE OF MOTHER (State or country) Phila Pa

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John H. Miller

(Address) 2019 Frederick Ave

Filed 5/25 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1908

I HEREBY CERTIFY, That I attended deceased from May 18 1908 to May 23 1908

that I last saw h.. alive on May 23 1908,

and that death occurred, on the date stated above, at 3:45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date May 23 1908

Place of Burial Loudon Park

Date May 25 1908

Undertaker Jos B. Carr

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

28

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A Hook

{ Residence, if in Baltimore, Give Street and Number. } ~~Station E. Md~~ Reisterstown road and Fords lane Balto. Co. Md R.F.D.

Duration of Residence in Baltimore. Life time C. 12437

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	White
DATE OF BIRTH	September 18th 1878
AGE	29 years, 8 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Charles a Hook
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr F. F. Shafer

(Address) 2412 Linden ave

Filed 5/25 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 22 1908 that I last saw him alive on May 22 1908, and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Brain

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W D Gatch M.D.

Address Johns Hopkins Hospital

Date May 22 1908

Place of Burial Druid Ridge Cemetery

Date May 25th 1908

Undertaker: Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Peter Miller

{ Residence, if in Baltimore, Give Street and Number. } 5 Temple Street

Duration of Residence in Baltimore. 15 years

C. 12478

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ——— 1

AGE: 40 years, — months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aug. Meyer

(Address) N. Bdway

Filed 5/25 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908

I HEREBY CERTIFY, That I attended deceased from May 22 1908 to May 24 1908 that I last saw him alive on May 24 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis: tuberculous peritonitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date May 24 1908

Place of Burial Baltimore Cemetery

Date May 26" 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 706 Pierce St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernest Williams

{ Residence, if in Baltimore, Give Street and Number. } 706 Pierce St

Duration of Residence in Baltimore..... 8 yrs C. 12439

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR C
DATE OF BIRTH 1	
AGE about 40 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Not known
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 21 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

Sudden (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date May 22 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 22 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

99

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 604 Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Taylor

{Residence, if in Baltimore, Give Street and Number.} 10 E Lexington St

C 12440

Duration of Residence in Baltimore......

PERSONAL AND STATISTICAL PARTICULARS	
SEX 2	COLOR C
DATE OF BIRTH 1	
AGE ..... 40 ..... *years,* ..... *months,* ..... *days*	
SINGLE, MARRIED, WIDOWED, OR DIVORCED M	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) .....

Filed 5/25 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... May 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... as Coroner ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

1. ..... Heart Dis .....

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... P Martin Conner ..... M.D.

Address .....

Date ..... 190.....

JOHNS HOPKINS HOSPITAL

Place of Burial .....

MAY 23 1908

Date ..... 190.....

Undertaker ..... Commissioner Health,

Per. Wm. E. WOODALL.

Address .....

95

Morgue

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

CERTIFICATE OF DEATH

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Demos

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 12491

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucas Holyday, Supt

(Address) BAY VIEW ASYLUM.

Filed 5/25 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 22 1908 that I last saw him alive on May 22 1908, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 23 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date May 23 1908

Undertaker Edward F Kelly

Address 302 N Carrollton ave

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

100

C12442

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Buchanan

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C. 12442

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col
DATE OF BIRTH: 1	
AGE: 59 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel McHyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 22 1908.

I HEREBY CERTIFY, That I attended deceased from April 22 1908 to May 22 1908 that I last saw him alive on May 22 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Endo-carditis

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 22 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date May 23 1908

Undertaker Edward P Kelly

Address 303 Carrollton Ave

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

10

Ward ..... Registered No. B .....

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1036 Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Julia Penn

{ Residence, if in Baltimore, Give Street and Number. } 1036 N. Stricker St

Duration of Residence in Baltimore. .....

C. 12493

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Coloured

DATE OF BIRTH May 24th 1908

AGE ..... years, ... months, Newborn ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Robt. Jenifer

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Julia Penn

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Thompson

(Address) 1117 Stricker St

Filed 5/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) Premature birth (DURATION) ..... DAYS

(Signed) Alice Lee Norris M.D.

Address 700 Log. Ave. (Govans)

Date May 25th 1908

Place of Burial St Peters

Date May 26th 1908

Undertaker Lawrence E. Wright

Address 1364 N. Gay

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C12444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12444

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 302 W. 30th St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H. O'Brien

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 8 (Day) 1884 (Year)

AGE: 24 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John T. O'Brien

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Delia Geary

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Brick Worker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. O'Brien

(Address) 302 W 30th St.

Filed 5/25 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1908 to May 22 1908

that I last saw h[im] alive on May 20 1908,

and that death occurred, on the date stated above, at 2 A M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

of indefinite (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) R B Norment M.D.

May 22 1908 (Address) 3243 Chestnut St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral | DATE OF BURIAL: May 26 1908

UNDERTAKER: A F Phelbin | ADDRESS: Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C12445 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C12445

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1721 N. Fulton Ave. ; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John K. Elmer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 15 1908 (Month) (Day) (Year)

AGE — years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John E Elmer

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Ray T. Crowd

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Elmer

(Address) 1721 N Fulton Ave

Filed 5/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24th. 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May ~~June~~ 15th 1908 to May 24th 1908, that I last saw h~~im~~ alive on May 24th 1908, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Meningitis. with Convulsions.
due to Empyema necessit. abscess.
(Being an accepted fat fortune) 8 DAYS

Contributory

(DURATION) 8 DAYS

(Signed) Wilmer Brinton M. D.

May 25th 1908 (Address) Calvert & Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Baltimore | DATE OF BURIAL May 28 1908

UNDERTAKER Geo W Little | ADDRESS 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 74 N. Carrollton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Mitchell

{Residence, if in Baltimore, Give Street and Number.} 74 N. Carrollton Ave

Duration of Residence in Baltimore. Life C 12446

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	1 year, 4 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Boston Mass
FULL NAME OF FATHER	Michael Mitchell
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Delia Gannon
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard st

Filed 5/25 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to May 23 1908

that I last saw h— alive on May 23 1908,

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

One week (DURATION) DAYS

Contributory (Primary.) Hallucinosis

(DURATION) DAYS

(Signed) J. C. Bourne M.D.

Address 1302 W. Lombard

Date May 24 1908

Place of Burial St. Peters

Date May 25th 1908

Undertaker John J. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 923 N. Carrollton Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Margaret C. Davis

{Residence, if in Baltimore, Give Street and Number.} 923 N. Carrollton Ave

Duration of Residence in Baltimore. 20 yrs C/12/4/07

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 20 1829

AGE 78 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Somerset R. Waters

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Rachel A. McClefresh

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C R Davis M.D.

(Address) 923 N. Carrollton Ave.

Filed 5/25 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to May 24 1908

that I last saw her alive on May 24 1908

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 7 DAYS

Con'tributory (Primary.) Myocarditis chronic (DURATION) 6 mos. DAYS

(Signed) H. E. Smith M.D.

Address 1002 W. Lanvale

Date May 24 1908

Place of Burial Mt Auburn Md

Date May 26 1908

Undertaker W. J. Tickner & Sons

Address Carrollton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, occupation, residence, and cause of death, and the time when the deceased was last seen alive by the person giving the certificate; and the said certificate shall state whether the deceased was married or single, and the date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 012448

City of Baltimore, (No. 1712 Patterson Ave St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret F. Hasley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February (Month) 19 (Day) 1836 (Year)

AGE: 72 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Philada Pa

FULL NAME OF FATHER: James Frankland

BIRTHPLACE OF FATHER (State or country): Waddington Lancashire England

MAIDEN NAME OF MOTHER: Ellen Margaret Frankland

BIRTHPLACE OF MOTHER (State or country): Todmargh Lancashire England

OCCUPATION OF DECEASED: At Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lloyd J Hasley

(Address) 1712 Patterson ave

Filed 5/25 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to May 23 1908 that I last saw h[illegible] alive on May 23 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Heart Failure

(DURATION) DAYS

Contributory Acute Indigestion

18 hours (DURATION) DAYS

(Signed) O A Duvall M. D.

May 23 1908 (Address) 1326 N Mount St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: May 26 1908

UNDERTAKER: Geo. Weber — ADDRESS: 1151 N Caroline

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. E. Roney

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore. Lifetime C. 12449

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Patrick Roney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Fitzpatrick

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 1 1908 to May 23 1908

that I last saw h[illegible] alive on May 23 1908

and that death occurred, on the date stated above, at 8 30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt. P. Boyer M.D.

Address Bay View

Date May 23 - 1908

Place of Burial Cathedral Cemetery

Date May 25, 1908

Undertaker Henry W. Mears & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12450

Registered No. B .....

City of Baltimore, (No. 2446 W. Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence Naomi Lane

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May (Month) 21 (Day) 1905 (Year)
AGE	— years, — months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Thomas Clinton Lane
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Florence Willis
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. C. Lane

(Address) 2446 W. Balto St.

Filed 5/25 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 21 1908 to May 25 1908 that I last saw h[illegible] alive on May 25 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Bronchial pneumonia

(DURATION) 12 days

Contributory

(DURATION) ..... DAYS

(Signed) M Blund M. D.

May 25 1908. (Address) 602 S. Edwards

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	Centreville Md
DATE OF BURIAL	May 26 1908
UNDERTAKER	Jos B Cook
ADDRESS	1003 W Balto

Registered No. B C12451

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 N. Wolfe St. (If Death in Hospital or Institution give its Name instead of Street and No.)

Full Name Anna E. Rafferty

{Residence, if in Baltimore, Give Street and Number.} 214 N. Wolfe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 2nd 1907

AGE: ..... years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: James B. Rafferty

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Anna E. Goth.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James B. Rafferty

(Address) 214 N. Wolfe St

Filed 5/25 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 24th 1908

I HEREBY CERTIFY, That I attended deceased from May 20th 1908 to May 24 1908

that I last saw her alive on May 20 1908

and that death occurred, on the date stated above, at 1:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Clampsia 3 days

(DURATION)

Contributory (Primary)

(DURATION)

(Signed) D. E. Sinnott M.D.

Address 1401 E. Eager St

Date May 25th 1908.

Place of Burial Balto Cemetery

Date May 26th 1908

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1840 Gough St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hanora O'Dowd

{Residence, if in Baltimore, Give Street and Number.} 1840 Gough St.

C. 12452

Duration of Residence in Baltimore. 52 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 15th 1834

AGE 73 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Connelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Healey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O'Dowd

(Address) 1840 Gough St.

Filed 5/25 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23, 1908

I HEREBY CERTIFY, That I attended deceased from May 8, 1908 to May 23, 1908 that I last saw h alive on May 22, 1908, and that death occurred, on the date stated above, at 6.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date May 24, 1908.

Place of Burial Holy Cross Cemetery

Date May 26th 1908

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1430 Richardson St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William M Schoggs

{ Residence, if in Baltimore, Give Street and Number. } 1430 Richardson St

Duration of Residence in Baltimore. Life

C 124/53

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 28 Sept 1907

AGE: ..... years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph W. Schoggs

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary J Morgan

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Morgan

(Address) 1430 Richardson

Filed 5/25 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 24 May 1908

I HEREBY CERTIFY, That I attended deceased from 23d May 1908 to 24th May 1908

that I last saw him alive on 24th May 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Infantile Diarrhoea

(DURATION) DAYS

Contributory (Primary) Eschaulem

(DURATION) DAYS

(Signed) James Corpening M.D.

Address 1122 Fulton St

Date 25 May 1908

Place of Burial St. Vincents Cemetery

Date May 26 1908

Undertaker Carl and Margt G. Flynn

Address 428 West St.

WM. J. C. DULANY CO., BALTIMORE

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

4

(Place of Death.) No. 814 S. Luzerne St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Emma Butzner

{Residence, if in Baltimore, Give Street and Number.} 814 S. Luzerne St

Duration of Residence in Baltimore. Life C. 12454

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	15 years, 2 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	George Butzner
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Amalia Schwinger
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs George Butzner

(Address) 814 S Luzerne St.

Filed 5/25" 1908 HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23 1908

I HEREBY CERTIFY, That I attended deceased from April 16 1908 to May 22 1908 that I last saw her alive on May 22 1908 and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Remittent Fever

(DURATION) 20 DAYS

Contributory (Primary) Acute Gastritis

(DURATION) DAYS

(Signed) C. L. Long M.D.

Address 2429 Fait Ave

Date May 23 1908

Place of Burial 1st Germ Cem

Date May 26 1908

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

17°

(Place of Death.) No. 1316 Harlem Av. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Mrs.~~ Julia A. Foster,

{Residence, if in Baltimore, Give Street and Number.} 1316 Harlem Av.

Duration of Residence in Baltimore. 104 days C-12455

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	January 5 1836
AGE	72 years, 4 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Divorced.
BIRTHPLACE (State or country)	Balto. City
FULL NAME OF FATHER	George Foster
BIRTHPLACE OF FATHER (State or country)	Holland.
MAIDEN NAME OF MOTHER	Mary A. Wolter
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Foster

(Address) 1316 Harlem ave

Filed 5/20 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 23rd 1908

I HEREBY CERTIFY, That I attended deceased from February 9th 1908 to May 23rd 1908

that I last saw h alive on May 23rd 1908

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

General failure of heart and respiration.

(DURATION) DAYS

Con'tributory (Primary) Chronic Bright's Disease of the Kidneys (DURATION) 104 DAYS

(Signed) Charles Gelb, M.D.

Address 1111 W. Lanvale St.

Date May 23rd 1908

Place of Burial Balto. cemetery

Date May 26 1908

Undertaker Geo J Smith Co

Address 1600 N. Forsyth Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolph Miller

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 12456

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt.

(Address) BAY VIEW ASYLUM.

Filed 5/26 1908

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1908

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to May 25 1908 that I last saw h[im] alive on May 25 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 25 1908

Place of Burial Sacred Heart

Date May 26" 1908

Undertaker Chas F. Evans

Address 118 W. Mt Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT; CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12457

Registered No. B.....

City of Baltimore, (No. 217, Canal Alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Young

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) (Year)

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward Young

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henretta Penture

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Young

(Address) 1107 Madison Ave

Filed 5/26 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to May 24 1908

that I last saw him alive on May 24 1908,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Pulm Tuberculosis

..... (DURATION) ..... DAYS

Contributory Cystitis ..... (DURATION) ..... DAYS

(Signed) W. Mac Clemon M.D.

May 25 1908 (Address) 1102 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 27 1908

UNDERTAKER: R. A. Eckhardt — ADDRESS: 576 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

137

(Place of Death.) No. 506 N. Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Sprigg

{Residence, if in Baltimore, Give Street and Number.} 506 N. Pearl Street

Duration of Residence in Baltimore. life

C. 12458

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Cal. Co. Md

FULL NAME OF FATHER: Peter Gross

BIRTHPLACE OF FATHER (State or country): Cal. Co. Md

MAIDEN NAME OF MOTHER: Drucella Howe

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Sprigg

(Address) 506 N. Pearl St

Filed 5/26 1908

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 23d 1908

I HEREBY CERTIFY, That I attended deceased from May 10 1908 to May 23 1908 that I last saw her alive on May 22 1908, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dropsy Because of Incompetency of Myocardium.

(DURATION) 10 DAYS

Contributory (Primary.) .....

(DURATION) 10 DAYS

(Signed) C. T. Force M.D.

Address 7125 Bank St

Date May 23d 1908

Place of Burial Governors Run Calvert Co Md

Date May 27 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian A Warner

{ Residence, if in Baltimore, Give Street and Number. } 426 W Hamburg St

Duration of Residence in Baltimore. Life C. 12459

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): md.

FULL NAME OF FATHER: Alexander Warner

BIRTHPLACE OF FATHER (State or country): md.

MAIDEN NAME OF MOTHER: Nancy Jackson

BIRTHPLACE OF MOTHER (State or country): md.

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Warner

(Address) 426 W. Hamburg

Filed 5/23 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to May 24 1908

that I last saw h.. alive on May 23 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 1 DAY

Contributory (Primary.) Nephritis

(DURATION) 20 DAYS

(Signed) H S McCaul M.D.

Address 136 W Hill

Date May 25 1908

Place of Burial Mt. Auburn

Date May 26, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12460 Registered No. B 12

CERTIFICATE OF DEATH.

(Place of Death.) No. Maternity Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Jenkins

{ Residence, if in Baltimore, Give Street and Number. } 1069 W. Lexington st.

Duration of Residence in Baltimore. C12460

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Jenkins

(Address) 1069 W. Lexington st

Filed 5/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to May 24 1908 that I last saw h alive on May 24 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia, respiratory paralysis

(DURATION) 1 DAY

Contributory (Primary) Traumatic tetanus, due to running nail in left foot (DURATION) 3 DAYS

(Signed) Frank S. Lynn M.D.

Address University Hospital

Date May 25 1908

Place of Burial Laurel Cem.

Date May 26, 1908

Undertaker John H. Toadvine

Address 1421 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C12461 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

506

C12461

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 26 ... E. Eden ... St.; 5 ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of David Weisberg

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR W

DATE OF BIRTH May (Month) 25 (Day) 1908 (Year)

AGE ..... years, ... months, 11 hours (or days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER David Weisberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Taube Seekzer

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Weisberg Per Rosett

(Address) 26 N. Eden St.

Filed 5/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to May 25 1908

that I last saw her alive on May 25 1908,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Congenital malformation of Heart (patent foramen ovale)

(DURATION) 11 Hours

Contributory .....

(DURATION) ..... DAYS

(Signed) J. Rosett, M. D.

May 26 1908 (Address) 1503 E. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Helena Washington Rd | DATE OF BURIAL May 27 1908

UNDERTAKER Mat Levinson | ADDRESS 1620 McElderry St

WM. J. C. DULANY CO., Baltimore

C12462

CERTIFICATE OF DEATH.

C12462

(Place of Death.) No. 1512 Patterson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Mr and Mrs Samuel Manilow

{ Residence, if in Baltimore, Give Street and Number. } 1512 Patterson Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 17 1907

AGE ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Samuel Manilow

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Paris

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant S. Manilow

(Address 1512 Patterson Ave

Filed 5/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 26 1908 that I last saw h in alive on May 23 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular insufficiency of the heart.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Thomas Dixon M.D.

Address 1300 N. Charles St

Date May 26 1908

Place of Burial Loudon Washington Rd

Date May 27 1908

Undertaker Wm. Levinson

Address 1626 McCulloh

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9th

CERTIFICATE OF DEATH.

(Place of Death.) No. 1321 Woodyear St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Beatrice Morris

{Residence, if in Baltimore, Give Street and Number.} 1321 Woodyear St

Duration of Residence in Baltimore. all life C. 12403

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Cudurnad

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Annie Morris

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman St

Filed 5/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 24 1908

I HEREBY CERTIFY, That I attended deceased from May 24 1908 to May 24 1908

that I last saw her alive on May 24 1908 11:45

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate.)

Child was in dying condition when I made first & only visit. At 5 P. M. May 24th.

..... (DURATION) ..... DAYS

Contributory (Primary.) Broncho Pneumonia

(DURATION) 30 DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date May 24 1908

Place of Burial Mt Zion

Date May the 26 1908

Undertaker JAMES H. DENNIS

Address 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C124-04 Register

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 S Madeira St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Cooney

{Residence, if in Baltimore, Give Street and Number.} 208 S Madeira

Duration of Residence in Baltimore. 40 years C.124/04

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER M. Scanlon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Lane

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Hennigan

(Address) 1902 Holbrook Av.

Filed 5/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St

Date May 26 1908

Place of Burial Holy Cross Cemetery

Date May 27th 1908

Undertaker John J. Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick J. Callahan

{Residence, if in Baltimore, Give Street and Number.} Wylie Ave Balto Co

Duration of Residence in Baltimore. C. 12/05

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 92 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Callaghan

(Address) Wylie Ave Balto Co

Filed 5/26 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1904 to May 25 1908

that I last saw h~~e~~ alive on May 25 1908,

and that death occurred, on the date stated above, at 4 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Nephritis

Senile (DURATION) DAYS

(Signed) Robt R Bay M.D.

Address Bay View

Date May 25 1908.

Place of Burial Cathedral Cemetery

Date May 27 1908

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12466

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James L Irwin

{Residence, if in Baltimore, Give Street and Number.} 27 N Montford Ave

Duration of Residence in Baltimore. Life C.12466

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Yerbugh N.Y.

FULL NAME OF FATHER: Jacob Irwin.

BIRTHPLACE OF FATHER (State or country): N.Y.

MAIDEN NAME OF MOTHER: Ann Lightbody

BIRTHPLACE OF MOTHER (State or country): N.Y.

OCCUPATION OF DECEASED: House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura J. Irwin.

(Address) 2543 W. Hoffman

Filed 5/26 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 25 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1908 to May 25 1908 that I last saw him alive on May 25 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) — DAYS

(Signed) Maurice E. Shamer, M.D.

Address 1212 N. Eutaw St.

Date May 25, 1908

Place of Burial Loudon Park

Date May 27 1908

Undertaker Wm. Cook.

Address 502 E. Baltimore.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 960 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Marie Huber

{ Residence, if in Baltimore, Give Street and Number. } 960 N. Washington St.

Duration of Residence in Baltimore. Life C 12467

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH September 22nd 1900

AGE 7 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry Huber

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Katie Hoke

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Huber

(Address) 960 N. Washington St.

Filed 5/26 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25th 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to May 25 1908 that I last saw h[er] alive on May 25 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 hours

Contributory (Primary.) Pneumonia

(DURATION) 3 DAYS

(Signed) Chas. B. Fahs M.D.

Address 5382 Belair Rd

Date May 25th 1908

Place of Burial Baltimore Cemetery

Date May 27th 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Cecilia Harned

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf

C 12468

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 5/26 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R. S. Martin M.D.

Address .....

Date May 25 1908

Place of Burial New Cathedral

Date May 26 1908

Undertaker Martin Fahey & Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Inf. Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Rund (Rund)

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's.

Duration of Residence in Baltimore.

C 10469

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 5/26 1908

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address

Date May 25 1908

Place of Burial Cem. Cathedral

Date May 26 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 2nd Registered No. [illegible]

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1719 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franzies Para

{ Residence, if in Baltimore, Give Street and Number. } 1719 Thames St.

Duration of Residence in Baltimore. Life time

C 12470

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 26 1906

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles Para

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Kady Prulenski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kady Para

(Address) 1719 Thames St

Filed 5/26 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 25 1906

I HEREBY CERTIFY, That I attended deceased from May 25 1906 to May 25 1906 that I last saw h[illegible] alive on May 25 1906, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Jud's certis (DURATION) 3 DAYS

Contributory (Primary.) Cercia (DURATION) 2 DAYS

(Signed) S. Szymanski M.D.

Address 1443 Bank st

Date May 25 1906

Place of Burial Holy Rosary

Date May 26 1908

Undertaker William Piaskowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2301 E. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie Weis

{Residence, if in Baltimore, Give Street and Number.} 2301 E. North ave

Duration of Residence in Baltimore. Lifetime

C 12471

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 20 1907

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Stewart Mc. Cowen

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Weis

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF;

(Informant) Mrs. Annie Weis

(Address) 2301 E. N. Ave.

Filed 5/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 — 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Joseph Carruthers M.D.

Address Corner N and ...

Date May 26-08 1908

Place of Burial Holy Redeemer

Date May 26 1908

Undertaker Edw. J. Fanning

Address 1936 E. Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

CERTIFICATE OF DEATH.

(Place of Death.) No. Notre Dame Asquith St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elhorda Pfisterer

{ Residence, if in Baltimore, Give Street and Number. } Notre dame Convent Asquith St where ass

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR W.

DATE OF BIRTH Sept 6. 1846

AGE 61 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Sebastian Pfisterer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christina Aha

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Religious- Teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Clarissa

(Address) Notre Dame Asquith St

Filed 5/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1908

I HEREBY CERTIFY, That I attended deceased from Apr 15 1908 to May 25 1908 that I last saw her alive on May 25 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 6 mos 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) 110 E North Ave M.D.

Address F J Kirby

Date May 26. 08 1908

Place of Burial Govenstown (Priest)

Date May 27 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Mirkus

{Residence, if in Baltimore; Give Street and Number.} 808 S Bond St

Duration of Residence in Baltimore.....

O 17413

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: July 12 1864	
AGE: 44 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: John Mirkus	
BIRTHPLACE OF FATHER (State or country): Poland.	
MAIDEN NAME OF MOTHER: Mary Wisnecka	
BIRTHPLACE OF MOTHER (State or country): Poland	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

Address

Filed 5/26/1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1908

I HEREBY CERTIFY, That I attended deceased from May 6 1908 to May 25 1908 that I last saw h[er] alive on May 25 1908, and that death occurred, on the date stated above, at 1[30] P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Sarcoma of Femur (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date May 25 1908

Place of Burial St Stanislaus

Date May 27 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2421 Etting St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John R. Carr

{ Residence, if in Baltimore, Give Street and Number. } 2421 Etting St.

Duration of Residence in Baltimore. all life

C. 12477

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col
DATE OF BIRTH: Oct 1 1907	
AGE: ..... years, 7 months, 25 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): md	
FULL NAME OF FATHER: Geo H. Carr	
BIRTHPLACE OF FATHER (State or country): md	
MAIDEN NAME OF MOTHER: Effie Dysore	
BIRTHPLACE OF MOTHER (State or country): md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H. Carr

(Address) 2421 Etting St

Filed 5/26 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26, 1908

I HEREBY CERTIFY, That I attended deceased from May 19 1908 to May 26 1908

that I last saw h[illegible] alive on May 25 1908,

and that death occurred, on the date stated above, at 9.15 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 4 Wks Days

Contributory (Primary.) Rickets.

(DURATION) 7 Mos.

(Signed) Wm H. Knight M.D.

Address 1373 N. Carey St.

Date May 26 1908.

Place of Burial Mt Auburn Cem

Date May 27 1908

Undertaker Saml H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE

Ward W

CERTIFICATE OF DEATH.

4V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Rosa Mc Knatt

{Residence, if in Baltimore, Give Street and Number.} Greensboro, Md Mrs. Knatt

Duration of Residence in Baltimore. 8 Days C.1245

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr F. S. Lynn

(Address) University Hospital

Filed 5/27 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 18 1908 to May 26 1908

that I last saw her alive on May 26 1908

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

DURATION 2 DAYS

Contributory (Primary.) Myosarcoma of Uterus DURATION DAYS

(Signed) Frank S. Lynn M.D.

Address University Hospital

Date May 26 1908

Place of Burial Greensboro - Caroline Co. Md

Date May - 27 - 1908

Undertaker Stewart Mowen Co

Address 218 Park Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH D...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12476

CERTIFICATE OF DEATH.

Registered No. B.....

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 1601, E Lanvale St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Wm W. Welch

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: W.

DATE OF BIRTH: January (Month) 31 (Day) 1855 (Year)

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: James Welch

BIRTHPLACE OF FATHER (State or country): St Marys Md.

MAIDEN NAME OF MOTHER: Katherine Good.

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Malvina Welch

(Address) 1601 E Lanvale St

Filed 5/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 24 1908 to May 25 1908 that I last saw him alive on May 25 1908, and that death occurred, on the date stated above, at 11.20 P. M. The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia

(DURATION) 2 DAYS.

Contributory Chronic Interstitial Nephritis

Hypertrophy of heart (DURATION) DAYS

(Signed) A D Macdonald M. D.

May 26 1908 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Benedict Md	May 27 1908
UNDERTAKER	ADDRESS
Robt J Turner	1828 E Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1 20

CERTIFICATE OF DEATH.

Registered No. B C12477

City of Baltimore, (No. 1803 Druid Hill Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathan Goodman Goodman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 26 (Day) 1908 (Year)

AGE: 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Philip Goodman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Dora Levin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Goodman

(Address) 1803 Druid Hill Ave

Filed 5/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to May 26 1908 that I last saw h im alive on May 26 1908, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Uraemic Convulsions

None (DURATION) DAYS

Contributory Chronic Nephritis

Six months (DURATION) DAYS

(Signed) Joseph Blum M. D.

May 26 1908 (Address) 1816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Hebrew Rom — DATE OF BURIAL: May 27 1908

UNDERTAKER: Max Levinson — ADDRESS: 1000 McElderry

Ward 9 C12478 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 Gourley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Feller (Michael Feller)

{Residence, if in Baltimore, Give Street and Number.} 1018 Gourley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH May 26 1908

AGE ..... years, ... month, Few minutes days

SINGLE, MARRIED, WIDOWED ~~OR DIVORCED~~ —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Michael Feller

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Cosnor ~~Feller~~ S.

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Godwin

(Address) 828 S. Milton Ave

Filed 5/27 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to May 26 1908 that I last saw h[illegible] alive on May 26 1908, and that death occurred, on the date stated above, at 5.0 P.M. CAUSE OF DEATH (Secondary or Immediate)

~~Premature~~

Premature Birth

Few minutes DURATION DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Kaemtzer M.D.

Address 16 O Bentley

Date May 26 1908

Place of Burial Holy Redeemer

Date May 27th 1908

Undertaker Kendall Lippe & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12479 Registered No. B C12479

CERTIFICATE OF DEATH.

(Place of Death.) No. 1746 Johnson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lynn

{Residence, if in Baltimore, Give Street and Number.} 1746 Johnson

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 26 18

AGE: ..... years, ... months, 1/2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Matthew Lynn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mahoney

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Lynn

(Address) 1746 Johnson st

Filed 5/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to May 26 1908

that I last saw h[illegible] alive on May 26 1908

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis

(DURATION) DAYS

Contributory (Primary.) Congenital Debility

(DURATION) DAYS

(Signed) J. F. Douglas M.D.

Address 611 - E. Fort Ave

Date 5 27 1908

Place of Burial Bonnie Brae Cemetery

Date May 26 1908

Undertaker [illegible] & Sons

Address 1236-46 William st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 12480

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 826 Gunga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Joseph & Olivia Tony (-Tony)

{Residence, if in Baltimore, Give Street and Number.} 826 Gunga st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colrd

DATE OF BIRTH: May 25th 1908

AGE: — years, — months, 1/4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Joseph Tony

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Olivia Wallace

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Tony

(Address) 826 Gunga St

Filed 5/27/ 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 25th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....m. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 709 Log. av. (Towson)

Date May. 26th 1908

Place of Burial Int Auburn Cemetery

Date May 28 1908

Undertaker Wes H Hooper

Address 609 Little Pacs St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12481 Registered No. B [illegible] 41

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 S. Paca St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Wm J. Ballard

{Residence, if in Baltimore, Give Street and Number.} 1113 S Paca St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 23 1907

AGE — years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Chas H Ballard

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Josephine Phillips

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. M. Ballard

(Address) 1113 S Paca St.

Filed 5/27 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to May 26 1908

that I last saw h[illegible] alive on May 20 1908

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Attended by Mumps

6 months (DURATION) DAYS

Contributory (Primary.) Asthenia & Spasms (DURATION) 2 DAYS

(Signed) J. E. Mure M.D.

Address 845 Columbia Ave

Date May 26 1908

Place of Burial Balto. Cem.

Date May 27 1908

Undertaker Geo J Smith Co.

Address 1500 N Fayette St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12482 Registered No. B C12482

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 E 22nd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwin S. Davis

{Residence, if in Baltimore, Give Street and Number.} 403 E 22nd st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 31st 1857

AGE: 51 years, 3 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edwin S. Davis

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Sarah E Kraft

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Davis Wife

(Address) 403 E 22nd st

Filed 5/27 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26th 1908

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to May 26 1908 that I last saw h in alive on May 26 1908 and that death occurred, on the date stated above, at 9.41 A. M. CAUSE OF DEATH (Secondary or Immediate)

Embolism

1/4 hours (DURATION) DAYS

Contributory (Primary.)

3 Hrs (DURATION) DAYS

(Signed) H. H. Bieden M.D.

Address 1916 Saratoga st

Date May 26th 1908.

Place of Burial Baltimore Cemetery

Date May 28th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B C.12783 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 734 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Josephus

{Residence, if in Baltimore, Give Street and Number.} 169 N. Hamburg St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Unknown

AGE About 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER " "

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Gibbons

(Address) 169 N Hamburg St

Filed 5/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo. M. Feinhardt M.D.

Address Coroner

Date May 25 V 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 26 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address FOR ANATOMICAL PURPOS

Body at Morgue City to bury

97

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C1348 Registered No. B

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 603 N. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Meyers

{Residence, if in Baltimore, Give Street and Number.} 603 N. Hamburg st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Febuary 18 1858

AGE: 50 years, 3 mont's, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Basline

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Poca st

Filed 5/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1907 to May 25 1908 that I last saw h on alive on May 24 1908, and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

(DURATION) DAYS

Con'tributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Edw Schumpert M.D.

Address 517 Lexington st

Date May 26 1908

Place of Burial Western Cemetery

Date May 28 1908

Undertaker Jos. Joerdens Son

Address 217 S. Poca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1. E. Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F. G. Puchlet

{Residence, if in Baltimore, Give Street and Number.} 1805 E. Lafayette Ave

Duration of Residence in Baltimore. Lifetime C. 12485

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH July 7 1844

AGE 64 years, — months — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo F Puchlet

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Helena Puchlet

(Address) 1805 E Lafayette

Filed 5/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from ~~died~~ 190 to 190

that I last saw ~~him~~ alive on 190,

and that death occurred, on the date stated above, at P.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Kelly. Coroner M.D.

Address 1639 Broadway

Date May 26 1908

Place of Burial Greenmount

Date May 29 1908

Undertaker Robt Turner

Address 1442 N. Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12486 Registered No. B C12486

CERTIFICATE OF DEATH. 17

(Place of Death.) No. 802 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Skrucha

{ Residence, if in Baltimore, Give Street and Number. } # 802 S. Ann St.

Duration of Residence in Baltimore. Life-time C.12486

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Edward Skrucha

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Marg Pinkernska

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Skrucha

(Address) 802 S. Ann St

Filed 5/27 1908 HARRY G. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26th, 1908

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to May 26 1908

that I last saw him alive on May 26 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Trismus Nascentium

(DURATION) 1 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Ann St.

Date May 27th, 1908.

Place of Burial St Stanislaus.

Date Wed May 27 1908

Undertaker M F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 19

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name .....

{ Residence, if in Baltimore, Give Street and Number. } 215 Druid Hill Ave

Duration of Residence in Baltimore. 40 years C. 12487

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	Negro

DATE OF BIRTH ..... 1 .....

AGE ..... 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: \

BIRTHPLACE OF FATHER (State or country): \

MAIDEN NAME OF MOTHER: \

BIRTHPLACE OF MOTHER (State or country): \

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas A Hayes

(Address) 506 Rogers Ave

Filed 5/27 1906

Registrar

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... May 24 1906

I HEREBY CERTIFY, That I attended deceased from April 3 1906 to May 24 1906

that I last saw h... alive on May 24 1906

and that death occurred, on the date stated above, at 3 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Con'ributory (Primary) Mitral Insufficiency

Cancer (DURATION) ..... DAYS

(Signed) Graham M Bingham M.D.

Address Lanvale & Hoffman

Date 5/25 1906

Place of Burial Mt Auburn

Date May 27 1906

Undertaker R. A Elliott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT—CITY OF BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

C12488

Registered No. B

City of Baltimore, (No. 821 Plum alley 22d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Henry Brown

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia Brown

(Address) 821 Plum alley

Filed 5/27 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 5 (Month) — 26 (Day) — 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 3—7—1908 to 5—25—1908, that I last saw him alive on 5—25—1908, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Lumbago Rheumatism

(DURATION) 6 DAYS

Contributory Palsy & Apoplexy

(DURATION) 56 DAYS

(Signed) L. D. Dyer M. D.

5—26—1908 (Address) 1113 Argyle ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
National Cemetery	May 28 1908
UNDERTAKER	ADDRESS
E. L. Brown's Son	1113 Argyle ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V (12489) Registered No. B

CERTIFICATE OF DEATH.

142

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles A Fisher

{Residence, if in Baltimore, Give Street and Number.} Little Sisters of the Poor.

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 5/27 1908. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908

I HEREBY CERTIFY, That I attended deceased from May 24 1908 to May 24 1908 that I last saw h[illegible] alive on May 24 1908 and that death occurred, on the date stated above, at 3.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Senile Gangrene of Both feet.

(DURATION) — DAYS

Contributory (Primary.) Septic Erysipelas

(DURATION) DAYS

(Signed) H W Baker M.D.

Address Back Bay City Hospital

Date May 27 1908

Place of Burial Catholic

Date May 28 1908

Undertaker H. C. Winkelfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C12490

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77

CERTIFICATE OF DEATH.

Registered No. B C12490

City of Baltimore, (No. 1205, N. Cooley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alfred Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored.
DATE OF BIRTH	May (Month) 26 (Day) 1885 (Year)
AGE	23 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	John Davis
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mary Pierce.
BIRTHPLACE OF MOTHER (State or country)	North Carolina
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary E. Davis

(Address) 1205 N. Eden St

Filed 6/27 1908

HARRY G. [illegible]
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 10 1908 to May 26 1908 that I last saw him alive on May 26 1908, and that death occurred, on the date stated above, at 12 10 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.
Several months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) C. W. White M. D.

May 26 1908 (Address) 1101 N. Bloomy

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	May 28 1908
UNDERTAKER	ADDRESS
Fair & Pye.	1026 Hollins

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C12491 Registered No. B .....

CERTIFICATE OF DEATH. 92

(Place of Death.) No. 717 George St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mary Lizzie Baldwin

{ Residence, if in Baltimore, Give Street and Number. } 717 George St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH February 1907

AGE One years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm. Baldwin

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Curtis

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Baldwin

(Address) 717 Geo. St.

Filed 5/27 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to May 26 1908 that I last saw h[illegible] alive on May 26 1908, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 6 DAYS

Con'tributory (Primary.) —

(DURATION) DAYS

(Signed) Jno. G. Shiffler M.D.

Address 901 Myrtle Ave

Date May 26 1908

Place of Burial Mt Olivet Cemetery

Date May 28th 1908

Undertaker Felix Rice

Address 102 E. Fulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21 C12492 Registered No. B C12492

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 N. Bruce St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ardina Seeger

{Residence, if in Baltimore, Give Street and Number.} 315 N. Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 5 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Everett Seeger.

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lottie Corbon

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Everett Seeger.

(Address) 315 N. Bruce St

Filed 5/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27 1908

I HEREBY CERTIFY, That I attended deceased from May 26 (a.m.) 1908 to May 27 a.m. 1908

that I last saw her alive on May 26 8:30 p.m. 1908,

and that death occurred, on the date stated above, at 12:10 a.m. CAUSE OF DEATH (Secondary or immediate)

Eclampsia —

about (DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date May 27 1908

Place of Burial Laurel Cemetery

Date May 29th 1908

Undertaker Felix B. Pyse

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C12493 Registered No. B [illegible]

108

CERTIFICATE OF DEATH.

(Place of Death.) No. 840 W. North Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henrietta A. Tidings

{Residence, if in Baltimore, Give Street and Number.} 840 W. North Ave.

Duration of Residence in Baltimore. 4 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 26th 1908

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Do not Know

BIRTHPLACE OF FATHER (State or country): Do Not Know

MAIDEN NAME OF MOTHER: Do Not Know

BIRTHPLACE OF MOTHER (State or country): Do Not Know

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas T. Geisendaffer

(Address) 840 W. North Ave

Filed 6/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 16th 1908 to May 26th 1908

that I last saw h[illegible] alive on May 26th 1908,

and that death occurred, on the date stated above, at 10 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis and cerebral hemorrhage

Duration 3 Yrs Mos or Years DAYS

Contributory (Primary.) Myocarditis

(DURATION) — DAYS

(Signed) J. A. Steiner M.D.

Address 1118 Madison Ave

Date May 27th 1908

Place of Burial Greenmount Cemetery

Date May 28 1908

Undertaker L. J. Kraft

Address Pikesville Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. B 012494

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 2229 Orleans St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Steindle

{Residence, if in Baltimore, Give Street and Number.} 2229 Orleans

Duration of Residence in Baltimore. Life

C 12494

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 11 1856

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Phillip Smith

BIRTHPLACE OF FATHER (State or country) Ger.

MAIDEN NAME OF MOTHER Anna Schweitzer

BIRTHPLACE OF MOTHER (State or country) ~~Ger.~~ Balto Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John Steindle

(Address) 2229 Orleans st

Filed 5/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May - 25 - 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to May 25 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 9 30p M. CAUSE OF DEATH (Secondary or Immediate)

Acute Rheumatic Carditis

6 dys - (DURATION) DAYS

Contributory (Primary.) Cardiac failure

(DURATION) DAYS

(Signed) ~~D C~~ D Brown M.D.

Address 1250 Eutaw

Date May 26 - 1908

Place of Burial Holy Redeemer

Date May 29 1908

Undertaker Jos. J. Herz

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 (1245) Registered No. B 163

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Josephine Lucchesi

{ Residence, if in Baltimore, Give Street and Number. } 1523 Barclay St

Duration of Residence in Baltimore. Life

C 12495

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April 1837

AGE 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Frederick Lucchesi

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Ellen Howell

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Lucchesi

(Address) Belvedere & Belvedere Aves

Filed 5/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 died at 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 ..... that I last saw h alive on ..... 190 ....., and that death occurred, on the date stated above, at 5:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Lantern (Septic)

..... (DURATION) ..... DAYS

Contributory (Primary.) Burns --

Scalded by self (DURATION) ..... DAYS

(Signed) W. Riley Coroner M.D.

Address 1639 Bolton

Date May 26 1908

Place of Burial New Cathedral

Date May 29 1908

Undertaker Wm. H. Gauthrop

Address Fifth & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 137

CERTIFICATE OF DEATH.

(Place of Death.) No. 1033 Robin Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie E. Bowman

{Residence, if in Baltimore, Give Street and Number.} Hagerstown Md.

Duration of Residence in Baltimore. 2 yrs. C. 12496

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md. Hagerstown

FULL NAME OF FATHER: Jacob S Eakle

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary M Sprow

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Eakle

(Address) Hagerstown Md

Filed 5/27 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy.

attended by Dr. Clough.

(DURATION) ..... DAYS

Contributory (Primary) Septicaemia following an Abortion (DURATION) 21 DAYS

(Signed) Clinton Lutterman M.D.
Coron

Address 1014 E. Church St

Date May 27 1908

Place of Burial Hagerstown Md

Date May 27 1908

Undertaker Wm Routson

Address Greene & Saratoga Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C12497 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 Carroll Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick C Kaufh

{ Residence, if in Baltimore, Give Street and Number. } 25 Carroll Ave

Duration of Residence in Baltimore. 1st Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 8 1876

AGE: 31 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Conrad Kauf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma Mann

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Kauf

(Address) 26 Carroll Ave

Filed 5/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 26 1908 that I last saw h-- alive on May 26 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Miliary Tuberculosis

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Howard W Jones M.D.

Address Irving Ave

Date May 27 1908

Place of Burial Western Cem

Date May 31. 1908

Undertaker G. W. Dill

Address 810 Fredk ave:

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12498 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 James Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma E. Kelly

{Residence, if in Baltimore, Give Street and Number.} 1111 James Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Dec 2 1868	
AGE 39 years, — months, — days	
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	Widow
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	John W. Merchant
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Lucie Dotson
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie E. Kelly

(Address) 1111 James lane.

Filed 5/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to May 24 1908 that I last saw h[illegible] alive on May 23 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laceration of

(DURATION) ~~DAYS~~

Contributory (Primary.) 3 or 4 mos

(DURATION) ~~DAYS~~

(Signed) W. C. Smith M.D.

Address 628 Kenyon St.

Date May 24 1908

Place of Burial Jackson's Lot Sandy Bottom Va

Date May 28 1908

Undertaker Jos. Stumtebeck

Address 1818 Light st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) the person deceased, and the **cause and date of death.**

Ward 10 C12499 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Camden Yard B. & O. R.R. - Montgomery & Ohio Ave. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name William S. Norton

{Residence, if in Baltimore, Give Street and Number.} 311 N. Arlington Ave.

Duration of Residence in Baltimore. 20 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 29. 1882

AGE 25 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Washington DC.

FULL NAME OF FATHER William Norton

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Fannie St Clair

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED B & O Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm S. Norton wife

(Address) 311 N Arlington Ave

Filed 5/27 1905 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25 1905

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11:20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Death.
Crushed about the chest by car drawn by Engine #1145 of B & O R R Co.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) C. H. Reinhardt M.D.
Coroner

Address .....

Date May 27. 1905

Place of Burial New Cathedral Cemetery

Date May 28 1905

Undertaker Edward I Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C12500 Registered No. B ... 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Hall

{Residence, if in Baltimore, Give Street and Number.} 1533 Bruce st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: May 19th 1908

AGE: — years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos Hall

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Maggie Bell

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie Bell

(Address) 1533 Bruce st

Filed 5/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

... (DURATION) ... DAYS.

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. Av. (County)

Date May 26th 190...

Place of Burial Mt Zion

Date May the 27 190...

Undertaker JAMES H. DENNIS

Address 1822 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12501 Registered No. B [illegible] 74

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Hassenoff

{Residence, if in Baltimore, Give Street and Number.} 279 Rogers Ave

Duration of Residence in Baltimore. 4 yrs Hassenoff

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jacob Hopolusnik

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachel Wassarman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Osnab

(Address 279 Rogers Ave

Filed 5/29/ 190 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1908

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to May 27 1908

that I last saw her alive on May 27 1908

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

General Paralysis

Locking Chest Pain (DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) W W Eshleman M.D.

Address 1 East Lexington St

Date May 27 1908

Place of Burial Rosedale

Date May 29 1908

Undertaker Wm H Brandau

Address 1620 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27

eath occurred in
l or institution.
s Name instead
et and Number.)

502

TH

1908

deceased from

1908

1908,

bove, at 1

r Immediate)

DAYS

DAYS

M.D.

1908

1906

State of Maryland, City of Baltimore, to wit:

BE IT REMEMBERED, That on this 11th day of June A. D. 1908,
before me, the subscriber, a Justice of the Peace
of the said State, in and for the City aforesaid, personally appeared Doctor Harry
A. Ecker
and made oath in due form of law that the Death Certificate signed by
him on the late Frannie Geroff of Baltimore
City on the 2nd day of May 1908 was
erroneously signed Frannie Huseroff that
the name properly spelled is Frannie Geroff.

Simon Luckner
Justice of the Peace.

C-12501

6480

II. DISEASES OF THE NERVOUS SYSTEM.

60. Encephalitis
61. Meningitis
62. Locomotor ataxia
63. Other diseases of spinal cord
64. Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis of insane
68. Other forms of mental disease
69. Epilepsy
70. Convulsions (nonpuerperal)
71. Convulsions of children
72. Tetanus
73. Chorea

122. Calculi of urinary tract
123. Diseases of bladder
124. Diseases of urethra, urinary abscess, etc.
125. Diseases of prostate
126. Nonvenereal diseases of (male) genital organs
127. Metritis
128. Uterine hemorrhage (nonpuerperal)
129. Uterine tumor (noncancerous)
130. Other diseases of uterus
131. Ovarian tumors
132. { Diseases of tubes / Other diseases of female genital organs
133. Nonpuerperal diseases of the breast (cancer excepted)

178. { Suffocation / Injuries at birth / Homicide / Other external violence

XIV. ILL-DEFINED DISEASES.

177. "Dropsy"
178. Sudden death
179. { Heart failure / Inanition (over 3 months) / Debility (over 3 months) / Marasmus (over 3 months) / Fever / Other ill-defined diseases / Unknown

Amt of

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 929 N. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Virginia Archer

{ Residence, if in Baltimore, Give Street and Number. } 929 N. Howard St.

Duration of Residence in Baltimore. C. 1250 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: July 9th 1897

AGE: 10 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Beverly Archer

BIRTHPLACE OF FATHER (State or country): Louisiana

MAIDEN NAME OF MOTHER: Sarah Catherine Gross

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Archer (Sister)

(Address) 929 N. Howard St.

Filed 5/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27 1908

I HEREBY CERTIFY, That I attended deceased from March 18 1908 to May 25 1908 that I last saw h[er] alive on May 25 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Wales M.D.

Address 47th Madison Ave,

Date May 27 1908

Place of Burial Laurel Cemetary

Date 29 May 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12503

City of Baltimore, (No. 1933 W. Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice V. Freeny

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 4 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas L Freeny.

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Grace Granger

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dareus Phillips

(Address) 1933 W Franklin

Filed 5/28 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to May 27 1908

that I last saw h alive on May 27 1908

and that death occurred, on the date stated above, at 8 30 P. M. The CAUSE OF DEATH was as follows:

Oedema of Larynx

(DURATION) Few days

Contributory Capillary Bronchitis

(DURATION) — DAYS

(Signed) M B Hurd M. D.

May 27 1908 (Address) 604 N. Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: May 29 1908

UNDERTAKER: Lee Cook

ADDRESS: 502 E Monument

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12504

St Francis Convent
E. Chase St

City of Baltimore, (No. ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beatrice Long

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Mulatto

DATE OF BIRTH Not Known (Month) (Day) 1897 (Year)

AGE 10 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Mother Magdalen O. P.

(Address) St. Frances Asylum

Filed 5/28 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to May 27 1908

that I last saw her alive on May 15 1908,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 1 DAYS

Contributory General Tuberculosis (DURATION) 2 mos DAYS

(Signed) Mary F. Voeglein M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Cross Cem | DATE OF BURIAL May 28 1908

UNDERTAKER Edward A Byrne | ADDRESS 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

99

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12505

City of Baltimore, (No. 1837 Clifton ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry F. Stoddard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 14th (Month) (Day) 1849 (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mamie Stoddard

(Address) 1837 Clifton ave

Filed 5/28 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to date of death, that I last saw him alive on May 25 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

The direct Pulmonary Hemorrhage

Sudden (DURATION) — DAYS

Contributory Asphyxia (DURATION) — DAYS

(Signed) C. L. Bates M. D.

May 27 1908 (Address) 900 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: May 28 1908

UNDERTAKER: Geo. Bruce

ADDRESS: 557 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 28

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Baltimore (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Full Name) La Fayette Afford

{Residence, if in Baltimore, Give Street and Number.} Towson Baltimore Co. Md.

Duration of Residence in Baltimore. 2 weeks. C 12506

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: May ~~27~~ 7

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country):

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Talbert Afford

(Address) 408 Pennsylvania Ave Towson

Filed May 27th 190 5 HARRY O. ANDREWS, PERMIT CLERK Registrar

T R L. Hynes

5/28 - 1905

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1905

I HEREBY CERTIFY, That I attended deceased from May 14 1905 to May 27th 1905 that I last saw him alive on May 27th 1905, and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous meningitis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) P. H. Clough. M.D.

Address

Date May 27 1905

Place of Burial Sandy Spring Montgomery Co Md

Date May 28 1905

Undertaker John H Owens & Son

Address 1222 Linden Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C12507 Registered No. B

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 1908 White St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Milton Marriott

{Residence, if in Baltimore, Give Street and Number.} 1908 White St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 20 1884

AGE 23 years, 6 months, 6 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Marcellus M Marriott

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Ella Nicholson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Marriott

(Address) 1908 White St

Filed 5/28 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1908 to May 26, 1908 that I last saw him alive on May 26, 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis about (DURATION) 90 DAYS

Contributory (Primary) Tuberculosis about (DURATION) 90 DAYS

(Signed) J Snowhook, M.D.

Address 630 N. Gilmor St.

Date May 28, 1908

Place of Burial London Park

Date May 28, 1908

Undertaker Joseph B Cook

Address 1003 W Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12508 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Murray

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1830

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John McC Way

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary A Hamel

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Dorothy Mary

(Address) Preston & Valley sts

Filed 5/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1 ..... a. M. CAUSE OF DEATH (Secondary or Immediate)

Senile dementia

3 years (DURATION) DAYS

Contributory (Primary.)

Pneumonia (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date May 27 1908

Place of Burial Cathedral

Date May 30 - 1908

Undertaker H. C. Winkelfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

113

(Place of Death.) No. 1304 Stanford ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rosa D Kimmel

{ Residence, if in Baltimore, Give Street and Number. } Box Stanford ave

Duration of Residence in Baltimore. Life C 18504

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Oct 15 1846

AGE: 61 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: J Rieman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Rieman

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John Lutz

(Address) Box Stanford ave

Filed 5/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 26 10 am 1908 to May 26 10 am 1908 that I last saw h alive on May 26 10 am 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or immediate)

Asthenia, Heart failure

Infection from intestinal Malnutrition & cholangitis.

3 weeks (DURATION) DAYS

Contributory (Primary.) Biliary Calculi

(DURATION) DAYS

(Signed) Irving Miller M.D.

Address 1082 E. North Ave

Date May 27 1908

Place of Burial Dalls Lemmon

Date May 28 1908

Undertaker Robt J Turner

Address 1422 Bway.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12510 Registered No. B

C12510
157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 N Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Seidenzahl.

{ Residence, if in Baltimore, Give Street and Number. } 1612 N. Spring St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Nov 3 1862

AGE 45 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Seidenzahl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Rentz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Seidenzahl

(Address) 1612 N Spring St

Filed 5-28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by hanging

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. J. Cullen M.D.

Address Coroner. N. Cook

Date May 26 1908

Place of Burial Loudon Park

Date May 29 1908

Undertaker Robt Stamm

Address 1442 N. Bway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12511 Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James C. Mc. Donnell

{ Residence, if in Baltimore, Give Street and Number. } 326 Lisbon Ave.

Duration of Residence in Baltimore. 55 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James McDonnell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Fields

(Address) 1200 W. Fayette

Filed 5/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to May 26 1908 that I last saw h.. alive on May 26 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) 12 hrs. DAYS

Contributory (Primary.) Strangulated Hernia (DURATION) 1 DAYS

(Signed) Geo. H. Fleming M.D.

Address St. Joseph's Hospital

Date May 26 1908

Place of Burial Baltimore County

Date May 29th 1908

Undertaker John P. Fields

Address 1200 W. Fayette St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V — Registered No. B C.12512

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1824 Canton ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jan Dombrowski

{Residence, if in Baltimore, Give Street and Number.} 1824 Canton ave Baltimore md.

Duration of Residence in Baltimore. one Day

C.12512

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 26 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Dombrowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Josephine Polanowska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dombrowski

(Address) 1824 Canton Ave

Filed 5/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 27 May 1908

I HEREBY CERTIFY, That I attended deceased from 26 May 1908 to 27 May 1908 that I last saw him alive on 27 May 1908 and that death occurred, on the date stated above, at 11 p. m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) one DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D. Joseph Abramowitz M.D.

Address 578 S. Broadway Baltimore

Date 28 May 1908

Place of Burial Holy Rosary

Date May 28 1908

Undertaker William Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12513

City of Baltimore, (No. 315 W. 28th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosetta Foyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jas H Foyer

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Laura Jones

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas H Foyer

(Address) 315 W. 28th St

Filed 5/28 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 24 1908 to May 27 1908 that I last saw h alive on May 27 1908, and that death occurred, on the date stated above, at 730 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 7 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) W. Grantfeth M. D.

May 28 1908 (Address) 854 N. Bidd

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: May 29th 1908

UNDERTAKER: Felix B Pyle | ADDRESS: 1026 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C12514 Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 Jasper Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Boyd

{ Residence, if in Baltimore, Give Street and Number. } 400 Jasper Court

Duration of Residence in Baltimore, Ten years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH Unknown 1

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. Y. City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Walker

(Address) 400 Jasper Court.

Filed 5/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 13th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction

(DURATION) 3 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm Boardman M.D.

Address 710 Log. av. (Crown)

Date May 25th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date MAY 27 1908 190 .....

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

97

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C12515 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1104 Harmony Lane. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rayfield. Mathews.

{ Residence, if in Baltimore, Give Street and Number. } 1104 Harmony Lane.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male. | COLOR: Black.

DATE OF BIRTH: 1

AGE: — years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 5/28 1908 HARRY G. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May. 26. 1908

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....,

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate.)

Supposed. Scarlet Fever.

.....(DURATION)..... DAYS

Contributory (Primary.) .....

Convulsions. (DURATION) ..... DAYS

(Signed) Herbert. C Blake M.D.

Address 1014. W. LaFayette

Date May. 26 Coroner 190 8

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date MAY 27 1908 190 ....

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

303

Ward C12515 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 Wilcome. Alley — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. Johnson —

{Residence, if in Baltimore, Give Street and Number.} 109 Wilcome Al —

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX: male. COLOR: Colored.

DATE OF BIRTH: ——— 1880

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single —

BIRTHPLACE (State or country): Balto. md —

FULL NAME OF FATHER: Oscar Johnson

BIRTHPLACE OF FATHER (State or country): Balto. md.

MAIDEN NAME OF MOTHER: Mary Ward —

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Driver —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Moses. Robb.

(Address) 109 Walcome Al.

Filed 5-28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 25 1908

I HEREBY CERTIFY, That I attended deceased from Feby 16 1908 to May 25 1908 that I last saw h in alive on May 24 1908, and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis —

2 1/2 yrs. (DURATION) — DAYS

Contributory (Primary.)

Exhaustion (DURATION) 3 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Sharp St

Date May 25 1908

Place of Burial Mount Auburn Cem

Date May 28th 1908

Undertaker Sam'l W. Chase Co

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

12 D

CERTIFICATE OF DEATH.

C12517

Registered No. B.....

City of Baltimore, (No. 12 W. Henriett St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Gernert.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Dec. 7 (Month, Day) 1843 (Year)

AGE: 66 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George D. Gernert

(Address) 12 W. Henriette St.

Filed 5/28 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 27 (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to May 27 1908.

that I last saw him alive on May 27 1908. 5.30

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Thoracic Empyema

Contributory: Chronic Interstitial Nephritis (DURATION) ..... DAYS

(Signed) Henry Hardschuch M. D.

May 27 1908. (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem. DATE OF BURIAL: May 30 1908

UNDERTAKER: Wm. H. Fuss & Sons ADDRESS: 218 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Thompson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sonita Catalano

{Residence, if in Baltimore, Give Street and Number.} 1118 Thompson St.

Duration of Residence in Baltimore.

C 12519

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 18th 1907

AGE 1 years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. City Md.

FULL NAME OF FATHER Stephan Catalano

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Maria Cirillo

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephan Catalano

(Address) 1118 Thompson St

Filed 5/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5-27 1908

I HEREBY CERTIFY, That I attended deceased from 5-27 1908 to 5-27 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enterica infection & Inanition

(DURATION) 10 DAYS

Con'tributory (Primary) Congenital Debility (DURATION) DAYS

(Signed) S. Demarco M.D.

Address 1604 Linden Ave

Date 5-28 1908

Place of Burial St. Vincents Cem.

Date May 28th 1908

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 Aisquith St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Debilious (Debilious)

{ Residence, if in Baltimore, Give Street and Number. } 816 Aisquith St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Feb 22nd 1882

AGE 26 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Shippen

BIRTHPLACE OF FATHER (State or country) City (Balto)

MAIDEN NAME OF MOTHER Catherine Lizzie Miller

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mortimer Debilious

(Address) 816 Aisquith St

Filed 5/28 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 25 1908 to May 27 1908

that I last saw h er alive on May 25 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Miliary Tuberculosis

Of Gastro Intestinal Tract

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A. L. Levy. M.D.

Address 733 Aisquith St

Date 5/27/08 190

Place of Burial Baltimore Cemetery

Date May 29th 1908

Undertaker Henry Stockslow

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

C12520

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 82 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George R. Reilly

{Residence, if in Baltimore, Give Street and Number.} 82 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 59 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Bernard Reilly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Helen Conly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED United States Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Teresa. M. Reilly

(Address) 82 Harford Road.

Filed 5/28 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May. 27 1908

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carmichael M.D.

Address Coroner's Office

Date May 27 - 08 190

Place of Burial Holy Redeemer Cemetery

Date May 29th 1908

Undertaker Henry Strack Son

Address 1311 E Eager st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C12521 Registered No. B C12521

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital 6t. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanley Gruszczynski

{Residence, if in Baltimore, Give Street and Number.} 604 S. Ann St.

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 13 1844

AGE 65 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Pawel Gruszczynski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Siminska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gruszczinski

(Address) 604 S Ann St

Filed 5/28 1908

HENRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

11 CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar

(DURATION) 6 DAYS

Contributory (Primary.) Accident

(DURATION) ..... DAYS

(Signed) Silas Bartram M.D.

Address 710 Lof. Av. (Canton)

Date May 27th 1908

Place of Burial St Stanislaus

Date May 29 1908

Undertaker Jos Zbozowski

Address 1703 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

(over)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 (12.532) Registered No. 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name D E Calhoun

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore. (C.18620)

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed 5/28 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

.....

Hamilton

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P Marley M.D.

Address .....

Date May 29 1908

Place of Burial New Cathedral

Date May 28 1908

Undertaker Martin Fahey & Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

CERTIFICATE OF DEATH.

145

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Das Griffith

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore.

C 12523

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 5 months, 1X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 5/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.. and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Ex Lenteron

Sneaden (DURATION) ..... DAYS

Contributory (Primary) Tuberculosis Cutaneous (DURATION) ..... DAYS

(Signed) B Martini M.D.

Address .....

Date May 27 1908

Place of Burial New Cathedral

Date May 28 1908

Undertaker Martini Gahny & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12524

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincent Infant's St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Starr

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	1
AGE	..... years, 1 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed 5/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from

May 26 1908 to 1908

that I last saw h ..... alive on 1908,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) F. Wharton M.D.

Address .....

Date May 27 1908

Place of Burial New Cathedral

Date May 28 1908

Undertaker Martin Tobey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 1312 W Franklin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Child of Ranson J & Ethel Powell

{ Residence, if in Baltimore, Give Street and Number. } 1312 W. Franklin St

Duration of Residence in Baltimore. Life C. 12525

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH May 26 1908

AGE ..... years, ... months, 2 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Ranson J Powell

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Ethel Mildred Gary

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ranson J. Powell

(Address) 1312 W. Franklin St

Filed 5/28 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28th 1908

I HEREBY CERTIFY, That I attended deceased from May 26th 1908 to May 28th 1908 that I last saw her alive on May 28th 1908, and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Congenital malformation of heart

Cyanosis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. G. Shower M.D.

Address 1224 W. Mothane

Date May 28th 1908

Place of Burial Loudan Park Cem

Date May 29 1908

Undertaker Chas. E. Francis

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

74

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12526

City of Baltimore, (No. 1514, S Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Schwab

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 6 (Month) (Day) 1823 (Year)

AGE 73 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gottfried Kleine

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Trayel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Myhly

(Address) 1514 S Charles St

Filed 5/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MAY 27 1908 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 10 1908 to MAY 27 1908 190 5

that I last saw h alive on May 26 1908,

and that death occurred, on the date stated above, at 7:45 P.M. The CAUSE OF DEATH was as follows:

Stomach Ulceration

Acute

a Med (DURATION) DAYS

Contributory —

(DURATION) DAYS

(Signed) Eug S Fellhoff M. D.

MAY 27 1908 190 (Address) N. E. Cor. Lafayette & Carrollton Aves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Emmanuel Luth Cemetery

DATE OF BURIAL May 29 1908

UNDERTAKER Mrs A Rohde & Son

ADDRESS 730 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 45

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E Wright

{ Residence, if in Baltimore, Give Street and Number. } 1303 McCulloh St

Duration of Residence in Baltimore. One year C.12627

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 27 1858

AGE: 49 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob A. Wright

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah R. Bosserman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Wright

(Address) 1303 McCulloh St.

Filed 5/29" 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 28 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to May 27 1908 that I last saw her alive on May 27 1908, and that death occurred, on the date stated above, at 3-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition dropsy & debility following Cancer

(DURATION) 2yrs. DAYS

Contributory (Primary.) Cancer of Vertebra (DURATION) Dont know DAYS

(Signed) J Roop Price M.D.

Address Glyndon Md

Date May 28 1908

Place of Burial Hagerstown Md.

Date May 29" 1908

Undertaker Chas. F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12528 Registered No. B 13

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John L. Sloan

{Residence, if in Baltimore, Give Street and Number.} 122 N. Wolfe St.

Duration of Residence in Baltimore.

C.12528

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Pat.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Cath. Coyle

BIRTHPLACE OF MOTHER (State or country): Ireland Cath. Coyle

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Sloan

(Address) 122 N. Wolfe St.

Filed 5/29" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26th 1908

I HEREBY CERTIFY, That I attended deceased from May 25th 1908 to May 26th 1908 that I last saw him alive on May 26th 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) one DAYS

Contributory (Primary) Chronic Interstitial Pneumonia

(DURATION) four DAYS

(Signed) Fred'k A. Consadine, M.D.

Address 2121 E. Baltimore St.

Date May 26th 1908

Place of Burial New Cathedral.

Date May 29 1908

Undertaker Wendell Dippel & Son.

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 713 N. Duncan Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Sarovec

{ Residence, if in Baltimore, Give Street and Number. } 713 N. Duncan ave.

Duration of Residence in Baltimore. 18 Yrs.

C 12529

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Langbeinich

(Address) 715 N. Duncan St.

Filed 5/29 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1908

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to May 27 1908

that I last saw h.. alive on May 27 1908 at 9.45 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy 7

(DURATION) 25 DAYS

Contributory (Primary.) Cirrhosis (DURATION) ..... DAYS

(Signed) Gunnolds M.D.

Address 923 N Broadway

Date May 29 1908

Place of Burial Holy Redeemer

Date May 29 1908

Undertaker Frank Enoch & Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C12530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

C12530

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 218 N. Bruce St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dora V. Ferguson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: July (Month) 12th (Day) 1882 (Year)

AGE: 25 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Daniel Ferguson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Jennie Whittington

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Home girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Ferguson

(Address) 218 N Bruce St

Filed 5/29 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 26th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 2nd 1908 to May 26 1908 that I last saw her alive on May 25th 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

(DURATION) 90 DAYS

Contributory (DURATION) DAYS

(Signed) Chas L. Mortimer M. D.

May 29th 1908 (Address) 125 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 29 1908

UNDERTAKER: A J Fruland — ADDRESS: 106 N Schroeder

WM. J. C. DULANY CO., BALTIMORE

Ward ..... C12531 Registered No. B C12531

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 Bradly St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Brown

{ Residence, if in Baltimore, Give Street and Number. } 725 Bradly St —

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH — 1848

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Mary Brown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Dixon

(Address) 725 Bradly St —

Filed 5/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1908

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to May 27 1908 that I last saw him alive on May 27 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) 1 DAYS

Contributory (Primary) Organic Cardiac Lesion

(DURATION) DAYS

(Signed) Jno. G. Steiner M.D. M.D.

Address 901 Fayette Ave

Date May 27 1908

Place of Burial Mt Zion

Date May 30 1908

Undertaker R. A. Elliott

Address 916 Ridgely Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12532 Registered No. B

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1402 May St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Sweeney

{Residence, if in Baltimore, Give Street and Number.} 1402 May St

Duration of Residence in Baltimore. Fifty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 87 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Robinson

(Address) 1402 May St

Filed 5/29 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27th 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to May 27th 1908

that I last saw h alive on May 19th 1908,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gurence Debility & old age Sleno Obtained Two Months (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) W. Winsey M.D.

Address 1220 E Fayette St

Date May 27th 1908

Place of Burial Laurel Md

Date May 29 1908

Undertaker R A Elliott

Address 516 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 99

CERTIFICATE OF DEATH.

(Place of Death.) No. 1531 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosie Norris

{Residence, if in Baltimore, Give Street and Number.} 1531 N. Bruce St.

Duration of Residence in Baltimore. about four yrs C. 125 33.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR Colored

DATE OF BIRTH Jan. 17th 1890

AGE 18 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George Norris

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Stinson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Gross

(Address) 1312 Vincent St

Filed J/29 1908

HARRY G. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27th 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....,

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Haemorrhage

Acute endocarditis (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baltzmin M.D.

Address 708 Laf. av. (Corner)

Date May 27th 1908

Place of Burial Union Protestant Cemetery Balto Co. Md

Date May 29 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12534

City of Baltimore, (No. 1022 W. Hopkins Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Cooney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 63. years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Lawrence Cooney.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Cooney

(Address) 1022 W. Hopkins Ave

Filed 5/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 28th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to May 28 1908

that I last saw her alive on May 27 1908,

and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Chr. Interstitial Nephritis

3 or 4 yrs. (DURATION) ..... DAYS

Contributory Anaemia - Cardiac

trouble Dr. 6 mths (DURATION) ..... DAYS

(Signed) J. W. Kerr M. D.

May 29 1908 (Address) 1938 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: May 30 1908

UNDERTAKER: John Howman

ADDRESS: 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 Registered No. B

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Battery av. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas F. Foard

{Residence, if in Baltimore, Give Street and Number.} 1132 Battery av

Duration of Residence in Baltimore. Life

C-12535

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR white

DATE OF BIRTH April 19 1849

AGE 59 years, one months, 9 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER unknown.

BIRTHPLACE OF FATHER (State or country) unknown.

MAIDEN NAME OF MOTHER unknown.

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED ship caulker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry G Foard

(Address) 1132 Battery av

Filed 5/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28th 1908

I HEREBY CERTIFY, That I attended deceased from May 20th 1908 to May 28th 1908 that I last saw him alive on May 27th 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

(acute attack)
Acute attack on a case of chronic dionhoea

(DURATION) 14 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. H. Hayden M.D.

Address 1425 Light st

Date May 28th 1908

Place of Burial LOUDON PARK.

Date MAY 31 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12536 Reg. No. 11

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norman M. Richards

{Residence, if in Baltimore, Give Street and Number.} A. A. Co.

Duration of Residence in Baltimore. —

B 12536

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR B

DATE OF BIRTH Jan 27 1908

AGE — years, 4 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Robert H. Richards

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Clara Gray

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert H. Richards

(Address) Lake Shore Md

Filed 5/29 1908 Registrar

BUREAU OF VITAL STATISTICS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ..., and that death occurred, on the date stated above, at 2½ P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) E. Symmes ... M.D.

Address ...

Date May 28-08 1908

Place of Burial Lake Shore A.A. Co. Md

Date May 29 1908

Undertaker Armstrong & Son Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12537

Registered No. B.....

City of Baltimore, (No. 547, West West St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George E. Luber,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. (Month) 23 (Day) 1907 (Year)

AGE: 1 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto., Md

FULL NAME OF FATHER: George T. Luber

BIRTHPLACE OF FATHER (State or country): Balto., Md.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. T. Luber

(Address) 547 W West St.

Filed 5/29 1908

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 21 1908 to May 27 1908 that I last saw him alive on May 27 1908, and that death occurred, on the date stated above, at 12:15 P. M. The CAUSE OF DEATH was as follows:

Duodenitis and Cholera Infantum

(DURATION) 7 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Geo. A. Thiede M. D.

May 28 1908 (Address) 1530 N. Laurale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: May 29 1908

UNDERTAKER: H. S. Fink

ADDRESS: 2113 E. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

C12538

109

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Watson

{Residence, if in Baltimore, Give Street and Number.} 1134 Southern Ave

Duration of Residence in Baltimore. L —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Lab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 5/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 21 1908 to May 26 1908

that I last saw h— alive on May 26 1908

and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pericard Adhes.

of Cor Fistula — (DURATION) — DAYS

Con'tributory (Primary.) Epilepsy.

of Life — (DURATION) DAYS

(Signed) H H Eskridge M.D.

Address Balto City Hospitals

Date May 26 — 1908

Place of Burial JOHNS HOPKINS HOSPIT

Date MAY 28 1908 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

104

Ward W

Registered No. B 12539

61

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alonzo Reuther

{ Residence, if in Baltimore, Give Street and Number. } 409 Courtland St

Duration of Residence in Baltimore. 1 C. 12539

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 5/29 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to May 26 1908 that I last saw h alive on May 26 1908 and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) DAYS

Contributory (Primary) Influenza

(DURATION) DAYS

(Signed) H. M. Baker M.D.

Address Balto City Hosp.

Date May 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL MAY 28 1908

Date 190

Undertaker Commissioner Health. Per Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

103

Ward 11 C12540 Registered No. B

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 837 Clifford Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathaniel Woolford

{Residence, if in Baltimore, Give Street and Number.} 837 Clifford Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Nathaniel Woolford

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Woolford

(Address) 837 Clifford Alley

Filed 5/29 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma & Senility

(DURATION) ..... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W Lafayette

Date ..... Coroner ..... 190 .....

Place of Burial Mt Auburn Cemetery

Date May 29 1908

Undertaker Geo H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 (12541) Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1717 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. Eric Ousley

{Residence, if in Baltimore, Give Street and Number.} 1717 Harford Ave

Duration of Residence in Baltimore. 6 Month

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 18 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): ~~Baltimore~~ Md.

FULL NAME OF FATHER: Tobias Ousley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Olga Manning

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aretta Ousley.

(Address) 1717 Harford Ave

Filed 5/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 28 1908

I HEREBY CERTIFY, That I attended deceased from May 5 1908 to May 28 1908 that I last saw him alive on May 28 1908 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 23 DAYS

Contributory (Primary) Heart failure

(DURATION) 1 DAYS

(Signed) Edmund Chubb M.D.

Address 316 E. North Ave

Date May 28 1908

Place of Burial Westminster Md.

Date May 30 — 1908

Undertaker Wm Cook

Address 502 E North Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE

Ward 10 (12542) Registered No. 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virginia Aurelia Miller

{Residence, if in Baltimore, Give Street and Number.} 920 N. Mount St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 28th 1887

AGE 20 years, 10 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER William Henry Miller

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Ida Virginia Ashlock

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Henry Miller

(Address) 920 N. Mount

Filed 5/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to May 29 1908

that I last saw h alive on May 28th 1908,

and that death occurred, on the date stated above, at 2a

a M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

Dropsy 2d Asthma

(DURATION) 120 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date May 29th 1908

Place of Burial London Park Cemetery

Date May 31st 1908

Undertaker Geo. Weber

Address 1155 N. Carey 26

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 48 E Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman A. Colvin

{Residence, if in Baltimore, Give Street and Number.} 48 E Randall

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH 5/28 1908

AGE — years, 7th months, 5 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Herman A. Colvin

BIRTHPLACE OF FATHER (State or country) Woodstock Md

MAIDEN NAME OF MOTHER Annie Shaffer

BIRTHPLACE OF MOTHER (State or country) Ellicott City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 48 E Randall

Filed 5/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1908

I HEREBY CERTIFY, That I attended deceased from 5/28 1908 to 5/28 1908 that I last saw h in alive on 5/28 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth: 7th Month of Pregnancy. Lived 5 hours (DURATION) DAYS

Contributory (Primary.) Cause Unknown

(DURATION) DAYS

(Signed) H J Turlington M.D.

Address 102 E Fort Ave

Date 5/29 1908

Place of Burial Cedar Hill

Date May 29 — 1908

Undertaker Jos. Stuntebeck

Address 318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B [illegible] 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 140 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Levin

{Residence, if in Baltimore, Give Street and Number.} 140 N. Exeter St.

Duration of Residence in Baltimore. Borne in Balt.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE — years, 9 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER ~~Hyman Levin~~ Abram Levin

BIRTHPLACE OF FATHER (State or country) ~~Russia~~ Russia

MAIDEN NAME OF MOTHER ~~Berry Fiber~~ Bertie Fiber

BIRTHPLACE OF MOTHER (State or country) ~~Russia~~ Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Hyman

(Address) 118 Aliceanna St

Filed 5/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5-28 1908

I HEREBY CERTIFY, That I attended deceased from 5-28 1908 to 5-28 1908 that I last saw him alive on 5-28 1908, and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronch-Pneumonia

(DURATION) — DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) — DAYS

(Signed) S. C. Katzoff M.D.

Address 116 S. Fis9 Smith St.

Date 5-28- 1908

Place of Burial Helena Boardale Cemetery

Date May 29, 1908

Undertaker Mark Lemmer

Address 1620 Mt Clare

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V. C12545 Registered No. B [illegible] 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 1241 Carroll St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Eliza A. Bolster

{Residence, if in Baltimore, Give Street and Number.} 1241 Carroll St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 74 1

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Columbus League

BIRTHPLACE OF FATHER (State or country) Maine

MAIDEN NAME OF MOTHER Katherine Hurall

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hurall

(Address) 124 Carroll st

5/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27th /08 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1907 to May 27/08 1908 that I last saw her alive on May 20/08 1908, and that death occurred, on the date stated above, at 5:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia - Cerebral haemorrhage

nearly six mons (DURATION) DAYS

Contributory (Primary) Cardiac failure

(DURATION) 8 DAYS

(Signed) E. D. Elles M.D.

Address 915 Light St.

Date May 28th /08 1908

Place of Burial Balto Cemetery

Date May - 29 1908

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C.12046

CERTIFICATE OF DEATH.

(Place of Death.) No. Bell City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Tilby

{ Residence, if in Baltimore, Give Street and Number. } Harpers Ferry W Va.

Duration of Residence in Baltimore. 6 days Tilby

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH —

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) W Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Steel inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W J Tuckner

(Address) 425 Camden St

Filed 5/29 1908

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to May 29 1908

that I last saw him alive on May 29 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W W Tabler M.D.

Address Bell City Hospital

Date May 29 1908

Place of Burial Harpers Ferry W Va.

Date May 29 1908

Undertaker W J Tuckner Sons

Address 425 Camden St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 (12547) Registered No. B [illegible]

CERTIFICATE OF DEATH.

79

Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleonora Block

{ Residence, if in Baltimore, Give Street and Number. } 23 S Chapel St-

C. 18547

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: 1826

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Kalthoeffer

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Eliza Meyers

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Wolfe

Filed 5/29 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 27th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on May 22 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of heart

Unknown (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) F. A. Vinne M.D.

Address 133 Valley St.

Date May 28 1908

Place of Burial St. Alphonsus

Date May 30th 1908

Undertaker Wendell Lippel Son

Address 375 S. Ann st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12548 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 307 S. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gunther

{Residence, if in Baltimore, Give Street and Number.} 307 S. Madeira St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M. 30 a

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Gunther

(Address) 309 S. Madeira

Filed 5/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1908

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to May 28 1908 that I last saw h[illegible] alive on May 28 1908, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilation - Complicating Pulmonary Tuberculosis

4 mos (?) (DURATION) DAYS

Contributory (Primary.) Exhaustion & Heart — (DURATION) DAYS

(Signed) Frank E. Brune M.D.

Address 125 S Bond

Date May 28/08 1908

Place of Burial Holy Redeemer Cem

Date May 30" 1908

Undertaker Wendell Diffenderffer & Son

Address 37 S. Arch St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible]

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 309 President St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Goldsborough

{Residence, if in Baltimore, Give Street and Number.} 309 President St

Duration of Residence in Baltimore. Life C 12549

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	May 28 1908
AGE	..... years, ... months, 12 hours
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Walter Goldsborough
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Lillian Waller
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Goldsborough

(Address) 309 President St

Filed 5/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to May 28 1908 that I last saw h[illegible] alive on May 28 1908, and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth (8 mo)

(DURATION) 12 hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentosa M.D.

Address 16 S Broadway

Date May 28 1908

Place of Burial 1st Evangelical Luth.

Date May 29th 1908

Undertaker H. Sauder & Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 012550 Registered No. B

CERTIFICATE OF DEATH. 64

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown Man (White man)

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

D. 12550

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE about 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 5/29 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1908

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to May 28 1908

that I last saw h in alive on May 27 1908,

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia.

(DURATION) 1 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 3 DAYS

(Signed) Eugene F. Resnagno. M.D.

Address St Joseph's Hosp.

Date May 28, 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date MAY 29 1908 190

Undertaker Commissioner Health,

Per. Wm E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

104

Ward V (12361) Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1910 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name P. Francis Foley

{Residence, if in Baltimore, Give Street and Number.} 1900 Bank St.

Duration of Residence in Baltimore. Life (C.10561)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: June 16 1

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Chas Foley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Noan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Iron molder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Chas Foley.

(Address) 1910 Bank St

Filed 5/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May-28 1908

I HEREBY CERTIFY, That I attended deceased from May- 1907 to May 28 1908 that I last saw h— alive on May 27 1908, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

1yr — (DURATION) — DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Jno A Bruce M.D.

Address 125 N Bond

Date May 29 1908

Place of Burial Cathedral Cem

Date May 30 1908

Undertaker John A Moran

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C12552 Registered No. B 12552

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1504 Prestman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elinor Bryan

{ Residence, if in Baltimore, Give Street and Number. } 1504 Prestman St.

Duration of Residence in Baltimore. Always.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR C

DATE OF BIRTH July 11th 1907

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Henry Johnson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Bryan

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bryan

(Address) 616 Baker St

Filed 5/29 1908

BARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29th 1908

I HEREBY CERTIFY, That I attended deceased from 5/11 1908 to 5/11 1908 that I last saw her alive on May 11th 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.) Gastro — (DURATION) DAYS

Enteritis 40

(Signed) J. M. Allen M.D.

Address 2242 Penna Ave

Date May 29th 1908

Place of Burial Mount Auburn

Date May 30 —

Undertaker Sam'l McClean & Son

Address 14 16 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1318 N. Carey st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Hicks

{Residence, if in Baltimore, Give Street and Number.} 1318. N. Carey St.

Duration of Residence in Baltimore. 18 years C.1905

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charlotte Co Va

FULL NAME OF FATHER: Moses Hicks

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Public Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dennie Hicks

(Address) 1318 N. Carey St

Filed 5/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Thursday May 28th 1908

I HEREBY CERTIFY, That I attended deceased from February 17th 1908 to May 28th 1908 that I last saw h[illegible] alive on May 28th 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Paralysis (DURATION) DAYS

Contributory (Primary) Valvular Disease of heart (DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date May 29th 1908

Place of Burial Laurel Cemetery

Date May 31st 1908

Undertaker Felix Pue

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12554 Registered No. B .....

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 842 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Bartholomaeus

{Residence, if in Baltimore, Give Street and Number.} 842 W. Lexington St.

Duration of Residence in Baltimore. 57 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 7-12-12 1851

AGE 57 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Leonard F. Reik

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER K. Rappertsberger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bartholomaeus,

(Address) 842 W.Lexington St.

Filed 5/29 1908 HARRY J. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1908

I HEREBY CERTIFY, That I attended deceased from April 3 1908 to May 28 1908 that I last saw her alive on May 27 1908 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes Coma,

(DURATION) 3 DAYS

Con'ributory (Primary.) Diabetes

(DURATION) DAYS

(Signed) Elizabeth Gordon M.D.

Address 1315 N. Charles St.

Date May 28-1908 1908

Place of Burial Loudon Park

Date May 31 1908. 190

Undertaker Geo.W.Little,

Address 531 N.Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V (12553) Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 S Register St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Fleetwood Jr

{Residence, if in Baltimore, Give Street and Number.} 231 S Register St

Duration of Residence in Baltimore. Life

c. 12553

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 7th 1905

AGE: 2 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Albert Fleetwood Sr.

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Carrie Mobyes

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Albert Fleetwood Sr

(Address) 231 S Register St

Filed 5/29 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May - 28 - 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May - 28 1908

that I last saw h— alive on May 28 1908

and that death occurred, on the date stated above, at 1 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intracular Hemorrhage

(DURATION) 11 DAYS

Contributory (Primary.) Coma —

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1250 Park —

Date May 29 1908

Place of Burial Oak Lawn Cem

Date May 30 th 1908

Undertaker St Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C12556

Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1400 E. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Vavrina

{Residence, if in Baltimore, Give Street and Number.} 1400 E. Lanvale

Duration of Residence in Baltimore. Life

C 10556

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 21 1908

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Charles Vavrina

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Louisa Meisler

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Sar. Vavrina

Address 1400 E. Lanvale St.

Filed 5/30 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to May 29 1908 that I last saw h-- alive on May 29 1908 and that death occurred, on the date stated above, at 5.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentary

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alf S. Sage M.D.

Address 709 N. Broadway

Date 5/30/08 190

Place of Burial Loudon Park

Date May 31 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12557 Registered No. B .....

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 725. Harlem ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Kammer

{ Residence, if in Baltimore, Give Street and Number. } 725. Harlem ave

Duration of Residence in Baltimore. 38 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 22 nd 1849

AGE 59 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Kammer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knell

(Address) 917 Columbia Ave

Filed 5/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 th 1908 to May 28 th 1908 that I last saw h~~im~~ alive on May 28 th 1908, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart,

5 Months (DURATION) ..... DAYS

Contributory (Primary.)

Prostration (DURATION) 8 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418. S. Paca st.

Date May 29 th 1908

Place of Burial Holy Redeemer

Date June 1st 1908

Undertaker A Knell & Son

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 635 S. Montford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Wick

{ Residence, if in Baltimore, Give Street and Number. } 635 S. Montford Ave

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 16 1825

AGE 83 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Schaflein

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Brown

(Address) 635 S. Montfad ave

Filed 5/30 1908 HARRY G. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1908

I HEREBY CERTIFY, That I attended deceased from April 10th 1908 to May 28 1908

that I last saw her alive on May 27 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Stomach

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Albertus Cullen M.D.

Address 1828 E Baltimore St

Date May 28th 1908

Place of Burial Mt. Carmel.

Date May 31 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

106

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 012559

City of Baltimore, (No. 611 N. Wolfe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wetthen Anna Wood. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white —

DATE OF BIRTH: July (Month) 29 (Day) 1832 (Year)

AGE: 75 years, 10 months, — days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wickens

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown —

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. J. Menges

(Address) 611 N. Wolfe St

Filed 5/30 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to May 29 1908

that I last saw h— alive on May 27 1908,

and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Gastro-enteritis and debility due to age

(DURATION) 6 DAYS

Contributory —

(DURATION) DAYS

(Signed) W. H. B. Pellman M. D.

May 29 1908 (Address) 5 E. Biddle St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	May 31 1908
UNDERTAKER	**ADDRESS**
Sander Sons	1710 Bank St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

C12560

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Williams

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM.

(Informant) .....

(Address) .....

Filed 3/30 1908

[illegible] Supt.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 28 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to May 28 1908 that I last saw h~~im~~ alive on May 28 1908, and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date May 29 1908

Place of Burial Sacred Heart

Date May 30" 1908

Undertaker Chas H. Evans

Address 118 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12561 Registered No. B C12561

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 S. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John. J. Schneltheis

{ Residence, if in Baltimore, Give Street and Number. } 306 S. Fremont Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH Sept 15 1906

AGE 1 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Philip Schneltheis

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Grace Chaney

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Jordans

(Address) 217 S. Peca.

Filed 5/30 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28, 1908

I HEREBY CERTIFY, That I attended deceased from May 18 1908 to May 28, 1908 that I last saw h ive on May 28 1908 and that death occurred, on the date stated above, at 7.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Tumpkins M.D.

Address 653 Columbia Ave

Date May 28, 1908

Place of Burial Mt Olivet Cem

Date May 30 1908

Undertaker Jos. Jordans. Son

Address 217 S. Peca.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

CERTIFICATE OF DEATH.

C12562

(Place of Death.) No. 1832 Pennsylvania Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

154

Full Name Eva Meyberger

Residence, Give Street and Number, 1832 Pennsylvania Ave

Duration of Residence in Baltimore, 62 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: August 4 1830

AGE: 77 years, 9 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Svendsen

(Address) 217 S. Pace

Filed 5/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from May 7 1908 to May 29 1908

that I last saw her alive on May 29 1908

and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate,)

Old age

(Exhaustion)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H C Hoenk M. D.

Address 1914 Pa Ave

Date May 29 1908

Place of Burial London Park Cem

Date June 1 1908

Undertaker Geo. Svendsen. Son

Address 217 S. Pace

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George A. E. Miller

{ Residence, if in Baltimore, Give Street and Number. } 1520 ~~Baltimore~~ Jefferson St

Duration of Residence in Baltimore. Life C. 10563

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH: June 4 1848

AGE: 59 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joshua H Miller

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Tresa M Cross

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie L. V. Miller

(Address) 1520 Jefferson

Filed 5/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29 1908

I HEREBY CERTIFY, That I attended deceased from April 4 1908 to May 29 1908 that I last saw h.. alive on May 28 1908, and that death occurred, on the date stated above, at 6.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) Arteriosclerosis

..... (DURATION) ..... DAYS

(Signed) Charles H. Stubenrauch M.D.

Address 2027 McCulloh St

Date May 29 1908

Place of Burial London Park Cem

Date June 1 1908.

Undertaker McGinnis - Carroll.

Address 1227 E. Mulliken St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward

CERTIFICATE OF DEATH.

(Place of Death.) No. 1394 Stockton st Corner Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellsworth Lee Neathmann IV

{Residence, if in Baltimore, Give Street and Number.} 1394 Stockton st City

Duration of Residence in Baltimore.....

C. 12564

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: January 29th 1906

AGE: 3 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Walter A Neathmann

BIRTHPLACE OF FATHER (State or country): Scranton. Pa.

MAIDEN NAME OF MOTHER: Mary J. Hensel.

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter a Neathmann

(Address) 1394 Stockston St

Filed 5/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29 1908

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to 29 1908 that I last saw h.. alive on 29 1908, and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Meningitis

(DURATION) 3 DAYS

(Signed) J. Thomas Nelson M.D.

Address 1307 N. Stricker St

Date May 29 1908

Place of Burial Balto Cemetery

Date May 31st 1908

Undertaker John E Hough

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

81

CERTIFICATE OF DEATH.

C12565

Registered No. B.....

City of Baltimore, (No. 1706 North Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella Hall Sewell Wood

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: September (Month) 15 (Day) 1820 (Year)

AGE: 87 years, 9 months, — days

~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Thomas Sewell

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Elizabeth Hack

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Wood

(Address) 1706 N Charles

Filed 5/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to May 29 1908

that I last saw h er alive on May 29 1908,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

debility incidental to old age
arterio sclerosis. —

(DURATION) 2w DAYS

Contributory Lobar pneumonia of at. mus. base (DURATION) ..... DAYS

(Signed) W. B. Tellman M. D.

May 30 1908 (Address) 5 E Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: June 1st 1908

UNDERTAKER: A F Philbin | ADDRESS: 1711 Orleans

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12566

City of Baltimore, (No. 708 Edmondson ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME May Regina Rourke

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Rourke

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Margt Leonard

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Music Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St.

Filed 5/30 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from — 1908 to May 28 1908 that I last saw h er alive on May 28 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

6 Years (DURATION) — DAYS

Contributory — (DURATION) — DAYS

(Signed) Chas. H. Tilly M. D.

5 30 1908 (Address) 1113 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	June 1st 1908
UNDERTAKER	ADDRESS
M Cadogan	696 Mulberry St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 Registered No. C12567 108

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 E Fort Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Joseph Friese

{Residence, if in Baltimore, Give Street and Number.} 124 E Fort Ave

Duration of Residence in Baltimore. 42 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 26 1825

AGE 83 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany -

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) Germany -

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany -

OCCUPATION OF DECEASED retired Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert H. Friese (son)

(Address) 124 E. Fort ave

Filed 5/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1908

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to May 28 1908

that I last saw h[illegible] alive on May 25 1908

and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Obstruction of Intestines

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Light St

Date May 29 1908

Place of Burial Baltimore Cemetery

Date May 31 1908

Undertaker J. Fenwick McCulley

Address 39 E. Fort ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 12568

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 44 Salisbury St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Williams

{Residence, if in Baltimore, Give Street and Number.} 44 Salisbury St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City Balto

FULL NAME OF FATHER: George Williams

BIRTHPLACE OF FATHER (State or country): West India

MAIDEN NAME OF MOTHER: Annie Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Williams

(Address) 44 Salisbury St

Filed 5/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 — 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Snyder M.D.

Address 320 N Greene St.

Date 190

Place of Burial Forest Lawn

Date 30 May 190 8

Undertaker John W Henderson

Address 31 N Carline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C12569

CERTIFICATE OF DEATH.

41

(Place of Death.) No. 9. E. Eager St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Pratt Hobson

{ Residence, if in Baltimore, Give Street and Number. } 9 E. Eager St Baltimore Md

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 7th 1849 1908

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thomas S. Pratt

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Adelaide Kent

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathan R. Eckler

(Address) 1 W. Mulberry St

Filed 5/30 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29th 1908

I HEREBY CERTIFY, That I attended deceased from March 30th 1908 to May 28th 1908 that I last saw h[illegible] alive on May 28th 1908, and that death occurred, on the date stated above, at 5 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Cervix
duration 3 years

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Nathan R. Eckler M.D.

Address 1 W. Mulberry St

Date May 29th 1908

Place of Burial Greenmount

Date May 31st 1908

Undertaker Kenjeskin Bro & Co

Address 308 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12570 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1430 Marshall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert M Wedeke

{Residence, if in Baltimore, Give Street and Number.} 1430 Marshall St

Duration of Residence in Baltimore Lifetime C.12570

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH July 26 1907

AGE 10 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry W Wedeke

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Lillie M. Hutton

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry W Wedeke

(Address) 1430 Marshall

Filed 5/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from 4/2 1908 to 5/29 1908

that I last saw him alive on 5/29 1908,

and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

Two & half Months (DURATION) DAYS

Contributory (Primary.) Cancer

From Birth (DURATION) DAYS

(Signed) L. J. Turnington M.D.

Address 102 E Fort Ave

Date 5/29 1908

Place of Burial May. 31

Date Bedgehill 190

Undertaker E. J. Fanning

Address 1460 Battery ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12574 Registered No. B(12574) 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt T. Jackson

{ Residence, if in Baltimore, Give Street and Number. } 810 Pierce St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: William T Jackson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ese Howard

BIRTHPLACE OF MOTHER (State or country): N [redacted] J

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Jackson

(Address) 810 Pierce st

Filed 5/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to May 27 1908

that I last saw h[redacted] alive on May 27 1908

and that death occurred, on the date stated above, at 6 [redacted] M. CAUSE OF DEATH (Secondary or Immediate

Tetur Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Acetonemia

(DURATION) 3 DAYS

(Signed) H Noonan M.D.

Address Bay & Fayette Sts

Date May 29 1908

Place of Burial Ft Auburn cemetery

Date May 30 1908

Undertaker Geo H Hooker

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1820 Thomas Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon L Rea

{ Residence, if in Baltimore, Give Street and Number. } 1820 Thomas Av

Duration of Residence in Baltimore 20 years

C.12572

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Aug 13 th 1862

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Vernon Rea Sr

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susie Reilly

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Rea

(Address) 1820 Thomas Ave

Filed 5/30 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to May 29 1908 that I last saw him alive on May 26 1908, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Aufina Pectoris

(DURATION) ..... DAYS

Contributory (Primary.) Fatty Heart (DURATION) 365 DAYS

(Signed) John L Heck M.D.

Address 547 N Lafayette Ave

Date May 29 1908

Place of Burial Druid Ridge Cem-

Date May 30 th 1908

Undertaker H Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 Registered No. B C12573 C12573

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theadore Rowan

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 5/30 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lafay

Date May 30 1908

Place of Burial Mt Cathedral

Date May 30 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asy St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bertha Ward

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf Asy

C. 12574

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH April 16 1907

AGE ..... years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 5/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lafayette ave

Date May 30 1908.

Place of Burial New Cathedral

Date May 30 1908

Undertaker Martin Fahey & Son

Address 106 E Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Calvert Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mikalaz Dabrowelski

{Residence, if in Baltimore, Give Street and Number.} 1733 Eastern Ave

Duration of Residence in Baltimore. 3 mo C. 12570

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 23 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mr. Korlowski

(Address) 1733 Eastern ave

Filed 5/30 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Pistol

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jno J. Carretson M.D.

Address Corner Ward

Date ..... 190 .....

Place of Burial Holy Rosary

Date May 31 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C.12576

Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 908 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine S. Ullrich

{ Residence, if in Baltimore, Give Street and Number. } 908 N Dallas St

Duration of Residence in Baltimore. Life C.12576

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 2 nd 1885

AGE: 22 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles M Ullrich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Schiffhauer

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Charles M Ullrich

(Address) 908 N Dallas St

Filed 5/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 4th 1906 to May 19th 1906 that I last saw h alive on " 1906, and that death occurred, on the date stated above, at 1.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 120 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H.S. Fisher M.D.

Address 9.6. Biddle St.

Date May 29th 1906

Place of Burial Holy Redeemer Cemetery

Date June 1st 1906

Undertaker Henry Stocke Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 Registered No. 12577

150 n

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Carbaugh

{ Residence, if in Baltimore, Give Street and Number. } New Oxford Penna

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Frances Carbaugh

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Carbaugh

(Address) New Oxford Pa

Filed 5/30" 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to May 29 1908 that I last saw him alive on May 29 1908, and that death occurred, on the date stated above, at 8 25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hydrocephalus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) W H Richardson M.D.

Address Johns Hopkins Hospital

Date May 30 1908

Place of Burial New Oxford Pa

Date May 30 1908

Undertaker Allen & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B 12578

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 312 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adelheit M Gross

{Residence, if in Baltimore, Give Street and Number.} 312 Forrest

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 21 1899

AGE 8 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Gross

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Bender

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Gross.

(Address) 312 Forrest St.

Filed 5/30 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1908

I HEREBY CERTIFY, That I attended deceased from May 29 1908 to May 30 1908 that I last saw h alive on May 29 1908 and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 12 hours DAYS

Contributory (Primary) Malignant Scarlet Fever (DURATION) 12 hours DAYS

(Signed) Henry Stahn M.D.

Address Irvington

Date May 30 1908

Place of Burial Western Cemetery

Date May 31 1908

Undertaker Mrs Geo. P. Paules

Address 2101 Frederick Ave.

Funeral May 31 "08 at 9 A.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C12579 Registered No. B

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 229 Arch st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estala Armstrong

{ Residence, if in Baltimore, Give Street and Number. } 229 Arch st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH March 12th 1905

AGE 3 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph D. Armstrong

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Cora Mat-

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Armstrong

(Address) 229 Arch st

Filed 5/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28th 1908

I HEREBY CERTIFY, That I attended deceased from May 11th 1908 to May 28 1908 that I last saw her alive on May 28 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Meningitis

(DURATION) 15 DAYS

Contributory (Primary.)

Convulsions (DURATION) 2 DAYS

(Signed) Frank Wyman M.D.

Address 322 N Green st

Date May 28th 1908

Place of Burial Mt Auburn

Date May 30 1908

Undertaker B A Elliott

Address 5 & C Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12560 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 536 Biddle al, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Preston

{Residence, if in Baltimore, Give Street and Number.} 536 Biddle Al,

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Jan. 13, 1906

AGE: 2 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Robert Preston

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Alice Richardson

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V. Preston (Sister)

(Address) 536 Biddle al

Filed 5/31 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 29 1908

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to May 28 1908 that I last saw h alive on May 28 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis, (Probably tu-bercular.)

(DURATION) 4, Months

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Walker M.D.

Address 1711 Madison Ave.

Date May 30 1908

Place of Burial Mt. Auburn

Date May 31 1908

Undertaker R A Elliott

Address 506 Rutgers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12581 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Macha (Macha)

{Residence, if in Baltimore, Give Street and Number.} 837 S. Dallas St

Duration of Residence in Baltimore. —

C. 12581

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Martin Macha.

BIRTHPLACE OF FATHER (State or country) Austria.

MAIDEN NAME OF MOTHER Mary Izdytsch.

BIRTHPLACE OF MOTHER (State or country) Austria.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Macha.

(Address) 837 S. Dallas St

Filed 5/31 1908 HARRY C. ANDREWS, PERITT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to May 30 1908 that I last saw her alive on May 30 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Patrick F. Martin Coroner

Address

Date 190

Place of Burial St Stanislaus.

Date Sunday May 31 1908.

Undertaker M. F. Pachowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12582 Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 572 Baker St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Amy Jenkins

{Residence, if in Baltimore, Give Street and Number.} 572 Baker St.

Duration of Residence in Baltimore. 18 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Mulatto.

DATE OF BIRTH Feby 22 1871

AGE 37 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Samuel Dunway

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Julia Bean

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm P. Jenkins

(Address) 572 Baker St.

Filed 5/31 1908 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to May 28 1908 that I last saw her alive on May 27 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from stomach

(DURATION) 5 DAYS

Contributory (Primary.) Gastric Carcinoma (DURATION) 18 mos DAYS

(Signed) Joseph S Garrison M.D.

Address 548 W. Monroe

Date May 28 1908

Place of Burial Mt Auburn Cem Baltimore Co Md

Date June 1 1908

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 (2583) Registered No. B [illegible] 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1040 Vine st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Allen

{Residence, if in Baltimore, Give Street and Number.} 1040 Vine st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Robat allen

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Nancy Ball

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert allen

(Address) 1040 vine St

Filed 5/31 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

(DURATION) ..... DAYS

Contributory (Primary.) .....

E Chamberlain (DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W. LaFayette

Date May 31. Coroner 1908

Place of Burial Mt Auburn Cemetery

Date May 31 1908

Undertaker Geo H Goepfer

Address 609 Little Paca St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1

151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12584

City of Baltimore, (No. 515 Baltimore a~ St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rudolph Reilly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: White

DATE OF BIRTH: May (Month) 28 (Day) 1908 (Year)

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Rudolph Reilly

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Emma Mashell

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rudolph Reilly

(Address) 537 Hillon ave W

Filed 5/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 30 th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to May 30 1908 that I last saw h~ alive on May 30 1908, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Asthenia

..... (DURATION) ..... DAYS

Contributory Premature Birth

..... (DURATION) ..... DAYS

(Signed) Fred J Wilson M. D.

May 30 1908 (Address) 2501 Fairmount Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet | DATE OF BURIAL: May 31 1908

UNDERTAKER: Wendell Dyffel & Co | ADDRESS: 37 S Pine

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C12586 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. George St. near Fremont St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edwd. F. Hamor

{Residence, if in Baltimore, Give Street and Number.} 606 Bruce St.

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Oct. 12th 1	
AGE: 73 years, 7 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Balt.
FULL NAME OF FATHER	J. M. Hamor
BIRTHPLACE OF FATHER (State or country)	Balt.
MAIDEN NAME OF MOTHER	Rebecca Granger
BIRTHPLACE OF MOTHER (State or country)	Balt.
OCCUPATION OF DECEASED	Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M. Hamor

(Address) 29 S. Fulton ave

Filed 5/31 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 30th 1908

I HEREBY CERTIFY, That I attended deceased from .....1908..... to .....1908.....

that I last saw h..... alive on .....1908.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

died suddenly (DURATION) ..... D

Contributory (Primary.) (

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. Av. (Brown)

Date May 31st 1908

Place of Burial New Cathedral

Date June — 2 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 27

C12585

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Thomas C12585

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Matthews

(Address) 929 Druid Hill Ave

Filed 5/31 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 21 1908 to May 28 1908 that I last saw h— alive on May 28 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date May 30 1908

Place of Burial Laurel Cemetery

Date ~~May~~ June 1st 1908

Undertaker Alex. Hemsley

Address 523 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 1355 N. Gilmor St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte Ann Collins

Residence, Give Street and Number, 1355 N. Gilmor St

Duration of Residence in Baltimore, 20yrs

C. 12587

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR white

DATE OF BIRTH Dec 8 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Kent Co. Md.

FULL NAME OF FATHER Greenwood

BIRTHPLACE OF FATHER (State or county) Kent Co. Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Collins

(Address) 1355 N. Gilmor St

Filed 6/1" 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 29th 1908

I HEREBY CERTIFY, That I attended deceased from May 18th 1908 to May 29 1908

that I last saw her alive on May 29 1908

and that death occurred, on the date stated above, at 1 8 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Endocarditis

(DURATION) DAYS

(Signed) J. M. Litsinger M. D.

Address 212 N. Bradford St

Date May 30th 1908

Place of Burial Rock Hall Kent Co. Md

Date June 1st 1908

Undertaker E Madison Mitchell

Address 1201 W Fayette st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C12588 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 253 S. Durham St. Baltimore Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry E. Jackson

{Residence, if in Baltimore, Give Street and Number.} 253 S. Durham St Balto. Md.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Jackson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Bertha Robison

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Roles

(Address) 253 Durham St.

Filed 6/1st 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 30 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to May 30 1908 that I last saw him alive on May 29 1908, and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Geo L Williams M.D.

Address 6 N. Broadway

Date May 31 1908

Place of Burial Laurel Cemetery

Date June 1st 1908

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12589 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 729 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter S. Brown.

{Residence, if in Baltimore, Give Street and Number.} # 729 Harford Ave

Duration of Residence in Baltimore. 47 Years C.12589

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 24 1860

AGE 47 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Walter J. Brown

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Elizabeth

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Trucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sadie Brown.

(Address) 729 Harford Ave.

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 30th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 23 1908 to May 30th 1908

that I last saw h~~im~~ alive on May 28 1908

and that death occurred, on the date stated above, at 8.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Larynx

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John J. Veth M.D.

Address 936 E. Monument St

Date May 30th 1908

Place of Burial Western Cemetery

Date ~~March~~ June 2nd 1908

Undertaker Henry Hoecke & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Catherine Leinbach

{ Residence, if in Baltimore, Give Street and Number. } — Leinbach

Duration of Residence in Baltimore..

C.12690

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1843

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Wilhelm Daub

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Anna Bruecheiser

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 30th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on May 27 1908,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) 4 DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1130 Valley st

Date May 30 1908

Place of Burial Western Cemetery

Date June 1st 1908

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12591 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1202 Ward St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Samuel D. Williams.

{ Residence, if in Baltimore, Give Street and Number. } 1202 Ward st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Black.
DATE OF BIRTH	1
AGE	years, months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto md
FULL NAME OF FATHER	George Williams
BIRTHPLACE OF FATHER (State or country)	Balto md
MAIDEN NAME OF MOTHER	Ella Cooke
BIRTHPLACE OF MOTHER (State or country)	Calvert co. md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Williams

(Address) 1202 Ward St

Filed 6/11 1908 HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 W. La Fayette

Date May 31. Coroner, 190 8

Place of Burial Mt Auburn ✓ St

Date June 1st 190 8

Undertaker C. J. Braun & Son

Address 108 W Montgomery St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1003 N. Chapel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Jackson

{ Residence, if in Baltimore, Give Street and Number. } 1003 N. Chapel St

Duration of Residence in Baltimore. 38 yrs

C. 12792

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Samuel Jackson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Georgeanna Jackson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Proctor

(Address) 1003 N Chapel St

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonales

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners Office

Date May 30-08 190 .....

Place of Burial Arbutus

Date June 2 1908

Undertaker Robert A Elliott

Address 570 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12593

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 505 Burgundy Alley St. (If Death occurred in Hospital or Institution give Its Name instead of Street and Number)

Full Name Jackson Pinkney

{Residence, if in Baltimore, Give Street and Number.} 505 Burgundy alley

Duration of Residence in Baltimore Life

C 12593

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	1
AGE	32 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nora Pinkney

(Address) 505 Burgundy Alley

Filed 6/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to May 30 1908

that I last saw h[illegible] alive on May 14 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (C. T.)

(DURATION) 29 DAYS

Con'tributory (Primary.) Stomach

(DURATION) 29 DAYS

(Signed) C. H. Thomas M.D.

Address 712 S. Bond

Date May 30th 1908

Place of Burial Mt Auburn Cemetery

Date June 1 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12594 Registered No. B .....

CERTIFICATE OF DEATH. 99

(Place of Death.) No. 547 Walnut Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alex. Wilson

{ Residence, if in Baltimore, Give Street and Number. } 547 Walnut Alley

Duration of Residence in Baltimore. about 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about 64 yrs ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Walker

(Address) 547 Walnut Alley

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29th 1908

I HEREBY CERTIFY, That I attended deceased from .....1908..... to .....1908.....

that I last saw h..... alive on .....1908.....,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Haemorrhage

died Suddenly (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Dr. Ian Baldwin M.D.

Address 700 Lafayette Ave. (Corner)

Date May 29th 1908

Place of Burial National

Date June 2nd 1908

Undertaker John B. Hough Co.

Address 516 Rutgers Ave E

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

C12595

54

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hubert Barker

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Lab

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Hollyday,

(Address) Supt

Filed 6/1 1908

BAY VIEW ASYLUM.
HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to May 31 1908 that I last saw h alive on May 30 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

..... (DURATION) ..... DAYS

Contributory (Primary) Pernicious Anemia (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date May 31 1908

Place of Burial Mt Carmel Cemetery

Date June 1 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased and

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C12596

City of Baltimore, (No. 808, N Patterson Park Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Frank Siegel & Sophia Siegel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 31 (Day) 1908 (Year)

AGE: — years, — months, 3 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Siegel Jr.

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sophie Thiele

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Siegel Jr.

(Address) 808 N. Patterson Pk Ave

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 31 1908 to May 31 1908 that I last saw h alive on May 31 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Congenital Debility

Duration of life 3 hours (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) M. A. Fox M. D.

May 1st 1908 (Address) 1728 E 20th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: 6/1 1908

UNDERTAKER: J Henry Jm

ADDRESS: Aldean

WM. J. C. DULANY CO., BALTIMORE.

Ward

Registered No. C12597 166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Siere Siere

Residence, Give Street and Number, 529 W. Lane st.

Duration of Residence in Baltimore, 5-7 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Dec 26 1833

AGE 74 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER George Siere

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Marie Hilge

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie Siere

(Address) 529 Lane St.

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to 1908

that I last saw h~~e~~ alive on ~~1908~~

and that death occurred, on the date stated above, at 12.45 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer in Brain

(DURATION) DAYS

Contributory (Primary) Struck by horse.

(DURATION) DAYS

(Signed) W. J. Riley Coroner M. D.

Address 1639 Broadway

Date May 31 1908

Place of Burial Baltimore Cemetery

Date June 1, 1908

Undertaker Henry W Evans & Son

Address 805 N. Calvert St.

Remarks — Insured —

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C12598

Registered No. B.....

City of Baltimore, (No. 411 N Monroe St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah A Richards

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mch 5 1837
(Month) (Day) Year)

AGE 71 years, 2 months, 24 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Saml Yelsby

BIRTHPLACE OF FATHER (State or country) Talbot Co Md

MAIDEN NAME OF MOTHER Elizabeth Holtz

BIRTHPLACE OF MOTHER (State or couatry) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml T Richards

(Address) 3-11 Monroe St

Filed 6/1 1908

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to May 29 1908 that I last saw h[illegible] alive on May 29 1908, and that death occurred, on the date stated above, at 10.50 P.M. The CAUSE OF DEATH was as follows:

Cerebral Thrombosis

(DURATION) 18 DAYS

Contributory Edema & Pneumonia-Pneumonia Nephritis (DURATION) 3 ~~DAYS~~

(Signed) Joseph W Last M. D.

May 30 1908 (Address) 1907 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western

DATE OF BURIAL June 1 1908

UNDERTAKER Jos 3 Cook

ADDRESS 103 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... (12559) Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Amelia Snow (Snor)

{ Residence, if in Baltimore, Give Street and Number. } 207 N. Mount St

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 19th 1841
AGE	67 years, 10 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto city
FULL NAME OF FATHER	Abram Steiner
BIRTHPLACE OF FATHER (State or country)	Balto City
MAIDEN NAME OF MOTHER	Melvina Bowersox
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. Street

(Address) 207 N. Mount St

Filed 6/1 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30" 1908

I HEREBY CERTIFY, That I attended deceased from May 12th 1908 to May 30" 1908 that I last saw her alive on May 30" 1908 and that death occurred, on the date stated above, at 5-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Enteritis

(DURATION) 28 DAYS

(Signed) Jos B Cooney M.D.

Address 1103 E. Fillmore st

Date May 30" 1908

Place of Burial London Park

Date June 2 1908

Undertaker Jos B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C.12600

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 711 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Santha Roberts

{ Residence, if in Baltimore, Give Street and Number. } 711 Linden Ave

Duration of Residence in Baltimore. 41 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH Don't know 1

AGE 49 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Annie Newby

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. G. Brooks

(Address) 1107 Dolphin Ave

Filed 6/1 1908

HARRY C. ANDERSON
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30th 1908

I HEREBY CERTIFY, That I attended deceased from April 19 1908 to May 30 1908 that I last saw h[illegible] alive on May 29 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Uteri.

Several years. (DURATION) ..... DAYS

Contributory (Primary.) Anaemia

Debility (DURATION) Months DAYS

(Signed) Alfred Whitehead M.D.

Address The Altamont

Date Entered Book — 190

Place of Burial Laurel Cemetery

Date June 1st 1908

Undertaker J. G. Brooks

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C12601 Registered No. B C12601

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 220 W. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Queen Dorsett Lorrell

{Residence, if in Baltimore, Give Street and Number.} 220 W. Lee Street

Duration of Residence in Baltimore. Apc

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: colord

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widdow

BIRTHPLACE (State or country): va.

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Walkins

(Address) 220 W. Lee st

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from April 25 1908 to May 29 1908 that I last saw her alive on May 28 1908, and that death occurred, on the date stated above, at 10:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dropsy

(DURATION) 34 DAYS

Contributory (Primary) Heart Failure

(DURATION) 34 DAYS

(Signed) C. H. Lucas M.D.

Address 7145 Harford ave

Date May 31st 1908

Place of Burial mt auburn cemetery

Date June 1 1908

Undertaker Johnson Woodview

Address 142 N Hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12602 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 Park Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeanne R. Moale

{Residence, if in Baltimore, Give Street and Number.} 1533 Park ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: [illegible] 1

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Hagerstown Md

FULL NAME OF FATHER: Thaddeus G. Robertson

BIRTHPLACE OF FATHER (State or country): Md —

MAIDEN NAME OF MOTHER: Caroline V. Bowlegs

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. G. Moale

(Address) 1533 Park ave.

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31st 1908

I HEREBY CERTIFY, That I attended deceased from May 28th 1908 to May 31st 1908

that I last saw her alive on May 31st 1908,

and that death occurred, on the date stated above, at 225 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 4 DAYS

Contributory (Primary.) Ch. Interstitial Nephritis over 1yr (DURATION) — DAYS

(Signed) E. M. Wilson M.D.

Address 200 W Lafayette Ave

Date June 1st 1908

Place of Burial Hagerstown Md

Date June 2, — 1908

Undertaker E. M. Mitchell

Address 1201 W Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C12603 Registered No. B C12603

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Dunding

{Residence, if in Baltimore, Give Street and Number.} 1802 Walbrook Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 2 1857

AGE: 57 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John E Dunding

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: E. A Bush

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie E Dunding

Address 1802 Walbrook.

Filed 6/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to May 31 1908

that I last saw him alive on May 31, 1908,

and that death occurred, on the date stated above, at 9-20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) — DAYS

Contributory (Primary) Diabetes Mellitus

(DURATION) 1 Yr DAYS

(Signed) J B. Schwatka M.D.

Address

Date 190

Place of Burial Gouden Park

Date June 2 1908

Undertaker Josiah Lester

Address 1600 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12604 Registered No. B C12604

CERTIFICATE OF DEATH. 11th

(Place of Death.) No. 2642 Huntington Ave St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles a Wills

{ Residence, if in Baltimore, Give Street and Number. } 2642 Huntington Ave

Duration of Residence in Baltimore. Fifty Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 10 1851

AGE: 56 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Denmark

FULL NAME OF FATHER: Otto Hillen

BIRTHPLACE OF FATHER (State or country): Denmark

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Denmark

OCCUPATION OF DECEASED: Conductor (S.C.R.)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate E. Wills

(Address) 2642 Huntington Ave

Filed 6/1 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 31st 1908

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1907 to May 31st 1908 that I last saw him alive on May 31st 1908, and that death occurred, on the date stated above, at 2:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 8 DAYS

Contributory (Primary.) Carcinoma of Liver & Renal Insufficiency (DURATION) — DAYS

(Signed) L. A. Richardson M.D. indisposed

Address 11 W. 20th St.

Date May 31st 1908

Place of Burial Mt. Carmel

Date June 2nd 1908

Undertaker Horace Burgey

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 C12605 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 Brady Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Flora Brown

{Residence, if in Baltimore, Give Street and Number.} 124 Brady Ave

Duration of Residence in Baltimore. Five years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Moses Higgins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Gibson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Brown

(Address) 124 Brady Ave

Filed 6/1 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to May 31 1908

that I last saw h[illegible] alive on May 31 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Phthisis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt G. Schmidt M.D.

Address 924 East 23d

Date June 1 1908.

Interment Cumberland Cable

Place of Burial Farmville Station

Date June 1 1908

Undertaker J. G. Elliott

Address 156 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C12606 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Fine

{Residence, if in Baltimore, Give Street and Number.} 38 S. Eden St.

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 4 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jacob Fine

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Golde Kling

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Fine

(Address) 38 S. Eden st.

Filed 6/1 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to June 1 1908 that I last saw h[illegible] alive on June 1 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 5 DAYS

Contributory (Primary) Tuberculosis

Meningitis (DURATION) 7 DAYS

(Signed) Charles Bagley M.D.

Address Hebrew Hospital

Date June 1st 1908

Place of Burial Hebrew Rooseveldt Cemetery

Date May 29 1908

Undertaker Mat Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12607 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1543 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucille Hetzlar

{Residence, if in Baltimore, Give Street and Number.} 1543 Orleans St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 31st 1902

AGE: 5 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Karl Hetzlar

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta Wohlmacher

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Hetzlar

(Address) 1543 Orleans St

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 31st 1908

I HEREBY CERTIFY, That I attended deceased from May 22nd 1908 to May 31st 1908 that I last saw h[illegible] alive on May 30th 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

Orbal (DURATION) 10 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Address 1501 Edgewood

Date May 31st 1908

Place of Burial Trinity Cem.

Date June 2nd 1908

Undertaker H. Sander & Son

Address 1710 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Albrecht

{ Residence, if in Baltimore, Give Street and Number. } 1509 Clement Street Locust Point

Duration of Residence in Baltimore.

C 12608

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 12 1835

AGE 72 years, 6 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Ernest Albrecht

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernestine Albrecht

(Address) 1509 Clement St.

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31st 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to May 31 1908 that I last saw h[illegible] alive on May 31 1908, and that death occurred, on the date stated above, at 12.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Double Lobar pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Wales M.D.

Address John Hopkins Hospital

Date May 31 1908

Place of Burial St Pauls Cem

Date June 2nd 1908

Undertaker H. Sander & Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12609 Registered No. B 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1121 Hare St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Chas. J. Bradyhouse

{Residence, if in Baltimore, Give Street and Number.} 1121 Hare St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 14th 1839

AGE 68 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Bradyhouse

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Maria Grauruth

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Bradyhouse

(Address) 1121 Hare St.

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 1908

I HEREBY CERTIFY, That I attended deceased from about 1904 to June 1 1908

that I last saw h alive on May 29th 1908

and that death occurred, on the date stated above, at 3 ¼ M. CAUSE OF DEATH (Secondary or Immediate)

Coma & general debility

(DURATION) 3 days

Contributory (Primary.) Diabetes mellitus (DURATION) 4 years

(Signed) W. Warrington M.D.

Address Center & Dill Sts

Date June 1 1908

Place of Burial Mt Carmel

Date June 4th 1908

Undertaker H. Sander Sons

Address 1710 Lanvale Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C12610 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Branch

{ Residence, if in Baltimore, Give Street and Number. } 2419 Oak Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 28 1907

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to May 28 1908 that I last saw h~~im~~ alive on May 28 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

General peritonitis

(DURATION) DAYS

Contributory (Primary.) Typhoid fever (DURATION) DAYS

(Signed) P. N. Blough M.D.

Address Johns Hopkins Hospital

Date June 1 1908

Place of Burial

Date JUN 1 1908 190

Commissioner Health,

Undertaker Per. Wm. E. WOODALL,

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

JOHNS HOPKINS HOSPITAL

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1

Ward ..... C12611 Registered No. B C12611

CERTIFICATE OF DEATH. 27

(Place of Death.) No. [illegible] City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John G Coffee

{ Residence, if in Baltimore, Give Street and Number. } ..... 514 N Eden

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	57 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Jar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/1 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 190 8

I HEREBY CERTIFY, That I attended deceased from May 25 190 8 to May 29 190 8

that I last saw h[illegible] alive on May 29 190 8

and that death occurred, on the date stated above, at 7 PM

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) — DAYS

Contributory (Primary.) Epilepsy

..... (DURATION) ..... DAYS

(Signed) W H Welch M.D.

Address Bait City Hosp.

Date May 30 — 190 8

Place of Burial .....

Date JUN 1 1908 190 —

Undertaker ..... Per Wm. E. WOODALL

Address .....

JOHNS HOPKINS HOSPITAL
Commissioner of Health
FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

Ward 7 C12612 Registered No. B 16

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 n about Camden St Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo Jenkins

{Residence, if in Baltimore, Give Street and Number.} Woodstock Md

Duration of Residence in Baltimore.....

C.12612

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —

1

AGE: 19 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: R.R. Trackman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A. Menshaw

(Address) Camden station

Filed 6/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

D Skull. Struck by Engine

... DURATION) ... DAYS

Con ributory (Primary)

... (DURATION) ... DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date June 1 1908

Place of Burial Woodstock Md

Date June 1 1908

Undertaker Wm J. Tiekner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12613

City of Baltimore, (No. 906, Frederick ave! St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Florence Emma Bailey Schultz.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Nov. (Month) 13 (Day) 1888 (Year)

AGE 19 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas L Lafferty

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Emma L Mullen

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Mullen

(Address) 1303 James St.

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from February 1st 1908 to May 30 1908 that I last saw h er alive on May 29 1908, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(DURATION) DAYS

Contributory Cardiac Asthenia (DURATION) 1 DAYS

(Signed) E.B. Freeman M. D.

May 30 1908 (Address) 643 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL June 2 1908

UNDERTAKER C. W. Dill

ADDRESS 810 Fredk ave:

WM. J. C. DULANY CO., BALTIMORE

Ward 1 C12614 Registered No. B C12614

CERTIFICATE OF DEATH. 9

(Place of Death.) No. 1043½ Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma A Smith

{Residence, if in Baltimore, Give Street and Number.} 1043½ Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ COLOR White

DATE OF BIRTH Sept 26 1

AGE 1 years, 8 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James E Smith

BIRTHPLACE OF FATHER (State or country) Mont Co Md

MAIDEN NAME OF MOTHER Emma A Smith

BIRTHPLACE OF MOTHER (State or country) Amherst Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(~~Informant~~) James E Smith

(Address) 1043½ Broadway.

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31st 1908

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to May 31st 1908

that I last saw her alive on May 31 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) 1 DAYS

Contributory (Primary) Pseudo-Membranous Croup (Diphtheria) (DURATION) 3 DAYS

(Signed) J. B. Schwatka M.D.

Address 1003 N. Broadway

Date May 31st 1908

Place of Burial Loudon Park

Date June 2 1908

Undertaker Robt J Sumner

Address 1442 N. Broadway,

By Order of Dr Lonez Chief Bur Health 10 A. M.

WM. J. DAVIS & CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12615 Registered No. B [illegible]

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 229 Knox alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Dressauer

{Residence, if in Baltimore, Give Street and Number.} 229 Knox alley

Duration of Residence in Baltimore. abt 20 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH	1
AGE	54 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Henry Dressauer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Berthia Dressauer

(Address) 229 Knox Alley

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 st 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to May 31 st 1908 that I last saw h[illegible] alive on May 30th 1908 and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or immediate)

Pulmonary Tuberculosis

Duration Years

(DURATION) DAYS

Contributory (Primary) Asthenia and Diarrhea (DURATION) 19 DAYS

(Signed) Henry C. Price M.D.

Address 1203 W. Fayette St

Date May 31 – 1908

Place of Burial Oak Shelton Cemetery

Date June 2 nd 1908

Undertaker H. L. Manning

Address 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12616 Registered No. B

CERTIFICATE OF DEATH.

C12616
12

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin Abojtek

{ Residence, if in Baltimore, Give Street and Number. } 327 S Caroline St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Aug 18 1871

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: John Abojtek

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1908

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to May 31 1908 that I last saw h~~e~~ alive on May 30 1908 and that death occurred, on the date stated above, at 8 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date May 31 1908

Place of Burial Holy Rosary

Date June 2 1908

Undertaker Jos Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and, the **cause and date of death.**

Ward 14 C12617 Registered No. B

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1424 Druid Hill ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Johnson

{Residence, if in Baltimore, Give Street and Number.} 1424 Druid Hill ave

Duration of Residence in Baltimore. Life

C.12617

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Wilson

(Address) 1424 Druid Hill ave

Filed 6/2" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30th 1908

I HEREBY CERTIFY, That I attended deceased from July 23 - 1908 to Apr 27th 1908

that I last saw h er alive on Apr 27th 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage with hemiplegia (Stroke occured on July 23-08) Second attack this date - (DURATION) 1 DAYS

Contributory (Primary.) Changes incident to age (DURATION) — DAYS

(Signed) Chas J. Keller, M.D.

Address 432 W Lanvale St

Date May 30th 1908

Place of Burial Laurel Cemetery

Date June 2 1908

Undertaker John H Faadven

Address 142 N Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12618 Registered No. B

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 141 N. Exeter St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Hirsch Buckman

{ Residence, if in Baltimore, Give Street and Number. } 141 N Exeter St

Duration of Residence in Baltimore. 16 years Buckman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER David Buckman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Cooper

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Buckman

(Address) 141 N Exeter st

Filed 6/2" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 1 1908 that I last saw h alive on June 1 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(Secondary) (DURATION) 6 days

(Signed) A. A. Bendrich M.D.

Address 1806 E. Baltimore St

Date June 1 1908

Place of Burial Hebrew Rosedale Cemetery

Date June 2, 1908

Undertaker Max Levin

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

Registered No. B C.12619 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Scott.

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

C.12619

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: March 10 1908

AGE: ..... years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeth Home.

Filed 6/2" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1, 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1908 to June 1 1908

that I last saw h[illegible] alive on June 1 1908,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus -

(DURATION) 40 DAYS

Contributory (Primary.)

Congenital Debility (DURATION) Life DAYS

(Signed) A. O. Gillis M.D.

Address 1519 N. Caroline St.

Date June 1, 1908

Place of Burial Cathedral Cemetery

Date June 2nd 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B 012620

012620

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Francis Coleman

{ Residence, if in Baltimore, Give Street and Number. } 1128 Gunters alley. (Gordman alley?)

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colord

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Essex Co Va

FULL NAME OF FATHER: Isaac Green

BIRTHPLACE OF FATHER (State or country): Essex Co Va

MAIDEN NAME OF MOTHER: Mary Warren

BIRTHPLACE OF MOTHER (State or country): Essex Co Va

OCCUPATION OF DECEASED: cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margret Rozman

(Address) 46 W. Mulberry St

Filed 6/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 25 1907 to May 31 1908,

that I last saw h alive on May 31 1908,

and that death occurred, on the date stated above, at 4:30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

General Carcinomatosis

(DURATION) — DAYS

Contributory (Primary.) Medullary Carcinoma Breast (DURATION) — DAYS

(Signed) J. O'Connor M.D.

Address St Joseph's Hosp.

Date May 31 1908

Place of Burial Mt Auburn

Date June 3 1908

Undertaker John H Owens & Son

Address 1222 Druid St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12621 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Harry Carter

{Residence, if in Baltimore, Give Street and Number.} 330 W. Lanvale

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: ..... 1 .....

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Presley L. Carter

BIRTHPLACE OF FATHER (State or country): Richmond Co Va

MAIDEN NAME OF MOTHER: Luanda Lewis

BIRTHPLACE OF MOTHER (State or country): Richmond Co Va

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Presley L Carter

(Address) 330 W Lanvale

Filed 6/2 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1908 died

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h alive on ..... 190 .....

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Fract. Skull

(Killed in automobile accident - coroner)

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) C. Pilley Coroner M.D.

Address 163 E Broadway

Date June 1 - Inquest - 1908

Place of Burial Mount Auburn

Date June 2 1908

Undertaker John H Weems & Son

Address 1122 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

(8742)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C12692

Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 N. Calvert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Bell Baylor

{ Residence, if in Baltimore, Give Street and Number. } 1706 N. Calvert St

Duration of Residence in Baltimore. 53 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 15 1850

AGE 58 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER John T Wood

BIRTHPLACE OF FATHER (State or country) Balto md

MAIDEN NAME OF MOTHER Elizabeth H Sewell

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Wysham

(Address) 104 Hanover st

Filed 6/2 1908 HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from May 31st 1908 to May 30 1908

that I last saw h[illegible] alive on May 26 1908

and that death occurred, on the date stated above, at a. m.

CAUSE OF DEATH (Secondary or Immediate.)

Valvular heart disease Mitral - (Death sudden died in night unobserved)

(DURATION) DAYS

Con'tributory (Primary.) Gall-stone colic

(DURATION) DAYS

(Signed) Walter D Thiel M.D.

Address 31 E. North Ave

Date June 1st 1908

Place of Burial Greenmount

Date June 3rd 1908

Undertaker C A F Phelbin

Address 1711 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. found Back Bacon first / Elm St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward Brown

{ Residence, if in Baltimore, Give Street and Number. } 535 N Central ave

Duration of Residence in Baltimore.

C.12620

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE about 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Emma Brown

(Address) 508 N Central

Filed 6/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 - 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of Heart

Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos Sadler Coroner M.D.

Address 320 N Greene St

Date June 2 1908

Place of Burial Laurel

Date June 2 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12624 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. B.V.A. Hospital. Insane Department St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis E. Myers

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: .....

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harper Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 6/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1908

I HEREBY CERTIFY, That I attended deceased from Feby 1 1908 to May 31 1908 that I last saw him alive on May 31 1908, and that death occurred, on the date stated above, at 4- A.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Congestion of Lungs.

(DURATION) 1/2- DAYS

Contributory (Primary.) Oedema of Lungs (DURATION) 15- DAYS

(Signed) Thos. H. Phillips M.D.

Address Bayview Asylum.

Date May 31 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN - 1 1908 190

Undertaker G. L. Hurley

Address 931 N. Monroe St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

107

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C12625 Registered No. B

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 2011 N Pulaski — St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name James Edwin Armitage

{Residence, if in Baltimore, Give Street and Number.} 2011 N Pulaski St 106

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 57 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Joseph Armitage

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Rebecca Peacock.

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thra A Armitage

(Address) 2011 N Pulaski St

Filed 6/2 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from April 13 1908 to June 1st 1908 that I last saw h[illegible] alive on June 1, 1908, and that death occurred, on the date stated above, at 4.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Morbus (Coma virulent)

(DURATION) 3 DAYS

Contributory (Primary) Rheumatism

(DURATION) 45 DAYS

(Signed) John Hood, M.D.

Address 630 N. Gilmor St

Date June 1, 1908

Place of Burial London Park Cemetery

Date June 3rd 1908

Undertaker Wm Coale

Address 502 E North ave.

WM. J. C. DULANY CO., BALTIMORE

...the said city it shall be ...the case comes under his ...the burial, a certificate

Ward 14 Registered No. B C.13020

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Dorothy Twis -

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf Asy.

Duration of Residence in Baltimore. Life

C.12624

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1905

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 6/2 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31st 1905

I HEREBY CERTIFY, That I attended deceased from May 29th 1905 to May 31st 1905

that I last saw h alive on " 1905

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) FS. Fowler M.D.

Address 9 E. Biddle St

Date June 1st 1905

Place of Burial Mt Cathedral

Date June 2 1905

Undertaker Martin Schuppert

Address 606 Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12627 Registered No. B [illegible] 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Thomas Tarker -

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Dec 30 1905

AGE ..... years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address) [illegible]

Filed 6/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1906

I HEREBY CERTIFY, That I attended deceased from May 29 1906 to May 31 1906 that I last saw h[illegible] alive on " 1906 and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Finlen M.D.

Address 9. E. Biddle St.

Date June 1st 1906

Place of Burial New Cathedral

Date June 2 1906

Undertaker Martin Leahy & Son

Address 906 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12628 Registered No. B C12628

CERTIFICATE OF DEATH.

(Place of Death.) No. 926 S. Paca St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Waters

{ Residence, if in Baltimore, Give Street and Number. } 926 S. Paca St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Oct. 25, 1839

AGE 68 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry Waters

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Morrow

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Waters

(Address) 926 S. Paca St

Filed 6/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31st 1908

I HEREBY CERTIFY, That I attended deceased from May 31st 1908 to May 31st 1908 that I last saw him alive on May 31st 1908, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 28 DAYS

Contributory (Primary.) Prostatitis (DURATION) 8 DAYS

(Signed) Chas L. Cuddihy M.D.

Address 418 S. Paca St.

Date May 31st 1908

Place of Burial Mt. Olivet Cemetery

Date June 2nd 1908

Undertaker Phillips Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12629 Registered No. B [illegible] 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 N Carrollton Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Warner Broedel

{Residence, if in Baltimore, Give Street and Number.} 707 N Carrollton Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: [illegible] 1

AGE: 3 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Max Broedel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ruth De Hinningston

BIRTHPLACE OF MOTHER (State or country): Sandusky Ohio

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Broedel

(Address) 707 N Carrollton Av

Filed 6/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 1 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to June 1st 1908

that I last saw h[illegible] alive on June 1st 1908,

and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 4 DAYS

Contributory (Primary.) Scarlet fever

(DURATION) 15 DAYS

(Signed) Lewis P. Hamburger M.D.

Address 1210 Eutaw Place

Date June 2d 1908

Place of Burial Loudon Park

Date June 2nd 1908

Undertaker H. E. Hughes

Address 75 S Broadway

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12630 Registered No. B

CERTIFICATE OF DEATH.

48

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan A. Cawthorne

{Residence, if in Baltimore, Give Street and Number.} Church Home & Infirmary

Duration of Residence in Baltimore. 2

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1844

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. K. W. Biller.

(Address) Church Home & Infirmary. Balto.

Filed 6/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 1 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to June 1 1908 that I last saw her alive on June 1 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senile debility

(DURATION) DAYS

Contributory (Primary.) Arthritis deformans

(DURATION) DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date June 1 1908

Place of Burial Baltimore County

Date June 3rd 1908

Undertaker H. E. Hooker

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12631 Registered No. B

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 1321 Valley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Lantz Lantz

{ Residence, if in Baltimore, Give Street and Number. } 1321 Valley St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Oct 10 182[illegible]

AGE 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER — Taylor

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER — Faulkner

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Ward

(Address) 1321 Valley St

Filed 6/2 1908 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1. 1908

I HEREBY CERTIFY, That I attended deceased from May 19. 1908 to June 1. 1908

that I last saw h[illegible] alive on May 31. 1908

and that death occurred, on the date stated above, at 4.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Sclerosis with Pulmonary Oedema

(DURATION) 14 DAYS

Contributory (Primary) Mitral insufficiency

(DURATION) Some years DAYS

(Signed) Geo. A Hartman M.D.

Address 1121 N Carey St.

Date June 2. 1908

Place of Burial New Windsor Md

Date June 3 1908

Undertaker E A Widdoes & Co

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12632 Registered No. B C12632

CERTIFICATE OF DEATH.

(Place of Death.) No. 1223 N Parrish alley St. 11

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Newman Newman

{Residence, if in Baltimore, Give Street and Number.} 1223 N Parrish alley

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman st

Filed 6/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 31 1908

I HEREBY CERTIFY, That I attended deceased from March 5 1908 to May 31 1908

that I last saw him alive on May 31 1908,

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma Locomotor Ataxia

Contributed.

3 months (DURATION) 4 DAYS

Contributory (Primary) Pneumonia

3 months (DURATION) 4 DAYS

(Signed) H. W. Bennett M.D.

Address 708 Eutaw St.

Date May 31 1908

Place of Burial Mt Zion

Date June 2 1908

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C12683 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1012 Woodley St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret G.Miller,

{Residence, if in Baltimore, Give Street and Number.} 1012 Woodley St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 5 1850 1
AGE	57 years, 11 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore City.Md.
FULL NAME OF FATHER	Frank Henry,
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs.Ferguson

(Address) 1012 Woodley St.

Filed 6/2 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to May 31 1908

that I last saw her alive on May 31 1908, and that death occurred, on the date stated above, at 5 A.M.

11. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstit Nephr

(DURATION) 11 DAYS

Contributory (Primary) Dyspnoea (DURATION) 11 DAYS

(Signed) Augustus M.D.

Address 254 St Paul Sts

Date June 1 1908

Place of Burial Holy Redeemer. 190

Date June 3 1908

Undertaker Geo.W.Little 531 N.Fremont Ave.

Address

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C12634

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2033 Penna Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan A. Burgess (Burgess)

{Residence, if in Baltimore, Give Street and Number.} 2033 Penna Ave

Duration of Residence in Baltimore. Life

C. 12634

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem'l

COLOR Col

DATE OF BIRTH 1865

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER David Brown

BIRTHPLACE OF FATHER (State or country) - -

MAIDEN NAME OF MOTHER - -

BIRTHPLACE OF MOTHER (State or country) - -

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Gail

(Address) 2230 Druid [illegible]

Filed 6/2 1908

HARRY C. ANDRANS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died suddenly (DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Loz. av. (Corner)

Date June 1st 1908

Place of Burial Laurel Cemetery

Date June 4th 1908

Undertaker S.W. Chase & son

Address 1400 Booker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), of the person deceased, and the **cause and date of death.**

Ward 14 C12635 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Esther Fermner

{ Residence, if in Baltimore, Give Street and Number. } Pocahontas Va.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 18 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Tazewell Co, Va.

FULL NAME OF FATHER: Hyman Fermner

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Kaoss

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Fermner

(Address) Pocahontas.

Filed 6/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1908

I HEREBY CERTIFY, That I attended deceased from May 19 1908 to June 2 1908 that I last saw he'd alive on June 2 1908, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Mastoiditis

(DURATION) 2 DAYS

Contributory (Primary.) Double Otitis Media (DURATION) 7 DAYS

(Signed) Nathan Bayley M.D.

Address Hebrew Hospital

Date June 2nd 1908

Place of Burial Adrem Cem Washington Rd

Date June 2nd 1908

Undertaker A. Doyle & Son

Address 178 Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12636 Registered No. B C12636

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 N. Pine St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Lawrence Robert Cox

{Residence, if in Baltimore, Give Street and Number.} 116 N. Pine St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Cox

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Catherine Reeder

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 6/2 1905 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 1, 1905

I HEREBY CERTIFY, That I attended deceased from May 27, 1905 to June 1, 1905 that I last saw him alive on June 1 1905, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Malnutrition

(DURATION) [illegible] DAYS

Con'tributory (Primary.) Natural weakness (DURATION) Life DAYS

(Signed) John Hood, M.D.

Address 630 N. Gilmor St.

Date June 2, 1905

Place of Burial Greenmount Cem

Date June 3 1905

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C12637 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 624 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Meeks

{Residence, if in Baltimore, Give Street and Number.} 624 Scott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 29 1844

AGE: 65 years, 7 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William W Meeks

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Louisa Atler

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Brick Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. J. Jordens

(Address) 217 S. Paca St

Filed 6/2 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to June 1st 1908

that I last saw him alive on May 31st 1908

and that death occurred, on the date stated above, at 6 13 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Jumpler M.D.

Address 517 Scott St

Date June 1st 1908

Place of Burial London Park Cem

Date June 3 1908

Undertaker Jos. Jordens & Son

Address 217 S. Paca St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

C12638

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. St. Paul Apartments St. Paul & Fort Royal Ave St., ... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth M Woolsey

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ~~May~~ ~~August 13 1843~~ ~~13~~ ~~1843~~ (Month) (Day) Year)

AGE 61 years, ... months, ~~20~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Westminster Carroll Co Md

FULL NAME OF FATHER John L. Woolsey

BIRTHPLACE OF FATHER (State or country) Frostburg Md

MAIDEN NAME OF MOTHER Sally Jones

BIRTHPLACE OF MOTHER (State or country) Catonsville Md

OCCUPATION OF DECEASED ~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Geo L Woolsey

(Address) The Sanitarium of Utica N.Y.

Filed 6/3 1908

[illegible] AND [illegible]S, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 1905 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 22 1905 to June 12 1905 that I last saw h[illegible] alive on June 12 1905, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Organic heart trouble

(DURATION) DAYS

Contributory Over looking shock

(DURATION) DAYS

(Signed) J. B Barnard M. D.

June 11 1905 (Address) 2112 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Utica N. Y.

DATE OF BURIAL June 3 1908

UNDERTAKER George J. Smith & Sons

ADDRESS 1000 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C12639 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Walsh

{Residence, if in Baltimore, Give Street and Number.} 1006 E. Canton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 13 1893

AGE 15 years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Westminster Carroll Co

FULL NAME OF FATHER John L. Walsh

BIRTHPLACE OF FATHER (State or country) Frostburg Md

MAIDEN NAME OF MOTHER Sallie Jones

BIRTHPLACE OF MOTHER (State or country) Catonsville Md

OCCUPATION OF DECEASED School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Walsh

(Address) 1006 Canton Av

Filed 6/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 2 1908 that I last saw h.. alive on June 2 1908, and that death occurred, on the date stated above, at 7.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

(DURATION) 1 DAYS

Contributory (Primary.) Acute Appendicitis

(DURATION) 4 DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date June 2 1908

Place of Burial London Park

Date June 4th 1908

Undertaker Geo J Smith Co

Address 1000 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C12640 Registered No. B C12640

CERTIFICATE OF DEATH.

175

(Place of Death.) No. 3711 Chestnut Ave, Hampden (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Scott Harris

{Residence, if in Baltimore, Give Street and Number.} 3711 Chestnut Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 8 1877

AGE 30 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George. W. Harris

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Caroline. Hoover,

BIRTHPLACE OF MOTHER (State or country) Balto. Co. Md

OCCUPATION OF DECEASED Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Grace Harris. (wife)

(Address) 3711 Chestnut Ave.

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1908

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

following pernicia

forming from eating 44

herb, drug or work (DURATION) DAYS

Contributory (Primary.)

1 hour (DURATION) DAYS

(Signed) Geo. Luttrell Coroner M.D.

Address 1818 N. Charles St.

Date June 3 1908

Place of Burial St. Mary's, Hampden

Date June 4th 1908

Undertaker Wm. E. Chenoweth & Son

Address 919- 3rd Ave. Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, birthplace, occupation, residence, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C12641 Registered No. B C12641

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 New St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Driggs

{Residence, if in Baltimore, Give Street and Number.} 419 New St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: May 31 st 1908

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Carroll

(Address) 419 New St

Filed 6/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 st 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 1 DAYS

Contributory (Primary.) Gastritis

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.
Too Log. av. Comm,

Address Silas Baldwin

Date June 1 st. 1908

Place of Burial Mt Auburn

Date June 3 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 012642

City of Baltimore, (No. 1420, Ward ..St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lula Regnastine Requesters

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Requesters

(Address) 1420 Market St

Filed 6/3 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 1st (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1907 to June 1 1908, that I last saw h— alive on May 29 1908, and that death occurred, on the date stated above, at 11 A M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 30 DAYS

Contributory T.B. Pronchitis

(DURATION) 340 DAYS

(Signed) E. J. Shear M. D.

6/2 1908 (Address) 1810 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	June 3 1908
UNDERTAKER	ADDRESS
J A Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 C12643 Registered No. B 1

CERTIFICATE OF DEATH.

36

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosalie Trago

{Residence, if in Baltimore, Give Street and Number.} 723 W. German Ln

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 9 1908

AGE: — years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/3 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 31 1908

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to May 31 1908

that I last saw h alive on May 31 1908

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Syphilis

(DURATION) DAYS

Con'ributory (Primary.) Syphilitic

Meningitis (DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date June 1 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN - 2 1908 1908

Undertaker Commissioner Health,

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

101

Ward 10 C.12644 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 247 N. Montford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mallie Greenwell

{Residence, if in Baltimore, Give Street and Number.} 247 N. Montford

Duration of Residence in Baltimore. Life

C.12644

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Nov. 11th 1870

AGE 38 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Geo Weber

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Ann Noll

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C. Greenwell

(Address) 247 N. Montford Ave

Filed 6/3 190 8 HARRY G. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo. M. Fink M.D.

Address Coroners Office

Date June 1 — 08 190

Place of Burial Holy Redeemer

Date June 4" 1908

Undertaker Geo. M. Fink.

Address 811 N. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward ..... C12645 Registered No. B C12645

CERTIFICATE OF DEATH.

(Place of Death.) No. 309 W. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara L. Ferries

{ Residence, if in Baltimore, Give Street and Number. } 309 W. Madison St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 43 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Baldo Ferris

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Julia Ferris

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Dressmaker. Miss Mary Ferris

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Ferris

(Address) .....

Filed 6/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from May 21st 1908 to June 1st 1908

that I last saw h er alive on June 1st 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pelvis Peritonitis

Pulmonary Hemorrhage

Few minutes (DURATION) ..... DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. W. Wells M.D.

Address 410 Hanover St

Date June 2nd 1908

Place of Burial New Cathedral

Date 6/4 1908

Undertaker Wm. J. Schilling

Address 9 & 11 Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C12646 Registered No. B

CERTIFICATE OF DEATH. C12646, 54

(Place of Death.) No. 349 Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Nixon

{Residence, if in Baltimore, Give Street and Number.} 349 Rose st

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas E Nixon

(Address) N. J.

Filed 6/3 1908 HARRY C. J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Senile debility

(DURATION) ... DAYS

Contributory (Primary.) Old age

(DURATION) ... DAYS.

(Signed) Wilson Baldwin M.D.

Address 700 Log. Ave. (Corner)

Date June 2nd 1908

Place of Burial Mt Auburn Cemetery

Date June 3 1908

Undertaker Felix B. Pyle.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 C12647 Registered No. B C12647

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 911 Peach alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Freeman

{Residence, if in Baltimore, Give Street and Number.} 911 Peach alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colord

DATE OF BIRTH: 1

AGE: 2 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alex Freeman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maud Johnson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex F Bunar

(Address) 911 Peachal

Filed 6/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from May 22 1908 to June 1 1908 that I last saw h e alive on June 1 1908, and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary, or Immediate)

Pneumonia

(DURATION) 2 W DAYS

Contributory (Primary.) Heart Trouble

(DURATION) 2 W DAYS

(Signed) C. E. Parker M.D.

Address 712 S Bond

Date June 3rd 1908

Place of Burial Mount Auburn

Date 3 June 1908

Undertaker John H. Toadvine

Address 142 W Hill St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12648 Registered No. B C12648

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635 Shoe Respear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kazmier Zborzynski

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 28 1905

AGE: 3 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Zborzynski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Bialek

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Zborzynski

(Address) 1635 Shoe Respear St

Filed 6/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 2d 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to June 2d 1908 that I last saw h[illegible] alive on June 2d 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Renal Dropsy (DURATION) 14 DAYS

Contributory (Primary.) Heart Failure (DURATION) 2 DAYS

(Signed) J. J. Szwalski M.D.

Address 173 Bank St

Date June 2nd 1908

Place of Burial Holy Rosary.

Date Wed June 3rd 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., Stationers.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C12649 Registered No. B C12649

CERTIFICATE OF DEATH.

(Place of Death.) No. 1225 Marshall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H. Taylor.

{Residence, if in Baltimore, Give Street and Number.} 1225 Marshall St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 9 1908

AGE ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John H. Taylor

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER M. E. Eshin

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Faulkner M.D.

(Address) 603 S. Sharp St.

Filed 6/3 1908 HARRY C. ARMSTRONG, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1908.

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 2 1908, that I last saw h— alive on June 2 1908, and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

Signed C. Faulkner M.D.

Address 603 S. Sharp St.

Date June 2 1908.

Place of Burial Cedar Hill Cemetery

Date June 4 1908

Undertaker Hall & Margt. H. Hupp

Address 42 E. West St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition**, (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C12651 Registered No. B C12651

CERTIFICATE OF DEATH. 18

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Samuel Brady.

{Residence, if in Baltimore, Give Street and Number.} 102 Fait Ave Canton

Duration of Residence in Baltimore. 21 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 2nd 1870

AGE: 37 years, 10 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Widower

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Bellman

(Address) 707 Hoe St.

Filed 6/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2" 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to June 2 1908 that I last saw h-im alive on June 2 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute ulcerative endocarditis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address John Hopkins Hospital

Date June 2" 1908

Place of Burial Baltimore Cemetery

Date June 3" 1908

Undertaker H. Goudelocus Sons

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C12650

C12650

CERTIFICATE OF DEATH.

(Place of Death.) No. 2402 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Zacek

{ Residence, if in Baltimore, Give Street and Number. } 2402 Hudson St.

Duration of Residence in Baltimore. 17 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	43 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Galicia Austria
FULL NAME OF FATHER	Mr. Zacek
BIRTHPLACE OF FATHER (State or country)	Galicia Austria
MAIDEN NAME OF MOTHER	Jezeska
BIRTHPLACE OF MOTHER (State or country)	Galicia Austria
OCCUPATION OF DECEASED	Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Zacek

(Address) 2402 Hudson

Filed 6/5 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Duckin M.D.

Address 3204 Greene St

Date 190

Place of Burial Holy Cross

Date June 4 1908

Undertaker Wm Zaikowski

Address 424 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 012652 Registered No. B

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 1631 Canton ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Goodman

{Residence, if in Baltimore, Give Street and Number.} 1631 Canton ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 21 1908

AGE 3 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Benj. Goodman

BIRTHPLACE OF FATHER (State or country) Gumany

MAIDEN NAME OF MOTHER Jenni Corner

BIRTHPLACE OF MOTHER (State or country) Gumany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. Goodman

(Address) 1631 Canton Ave

Filed 6/3 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1908

I HEREBY CERTIFY, That I attended deceased from June 2 1908 to June 2 1908 that I last saw h e alive on June 2 1908 and that death occurred, on the date stated above, at 11.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis acute

(DURATION) 1 DAYS

Contributory (Primary)

asthenia (DURATION) 1 DAYS

(Signed) Anthony L Cattalicto M.D.

Address 827 Aesquith St

Date June 3 1908

Place of Burial Rohyn Phila. Pa. Thomas Mishmeo Com

Date June 3 1908

Undertaker Kander Sons

Address 610 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3

C12633 Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1301 E. Balto. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH

AGE About 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Died 6/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 27th 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Cumm Ludlum M.D.

Address 320 N Charles St

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 3 1908 190

Undertaker Commissioner Health.

Per. W... WOODALL.

Address

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

163

Ward 10 C12654 Registered No. B C12654

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa Long

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Oct: 9th 1823

AGE: 84 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Lorenz Rebstock

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Magdalena Herdrich

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 6/3 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 3rd 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on May 27 1908, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of heart

Unknown (DURATION) DAYS

Contributory (Primary.) Dropsy

8 months (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date June 3 1908

Place of Burial Holy Cross

Date June 4th 1908 ~~190~~

Undertaker Henry Wiedefeld

Address 914 Greenmount av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 41 C12055 Registered No. C 156

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 Mercer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Kolbe~~ Kolds/a Holsa (or Halvor Holstad) a.s.j.

Residence, Give Street and Number,

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH 1

AGE about 45 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Norway

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) Norway

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Norway

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. N. G. Nilsen

(Address) Moose Lake Minn.

Filed 6/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Remarks HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 29 1908

I HEREBY CERTIFY, That I attended deceased from

an Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Lobar pleurisy

(DURATION) DAYS

Contributory (Primary) (Suicide a.s.j.)

(DURATION) DAYS

(Signed) P. Martin M. D.

Address Coroner.

Date June 2 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 3 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

102

Morg.

HEALTH DEPARTMENT,

Ward 11 a C12656 Registered No. B C12656

61

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Davis

{Residence, if in Baltimore, Give Street and Number.} 519 N. Paca

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Oct. 4, 1879

AGE: 28 years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Phila. Pa.

FULL NAME OF FATHER: George Davis

BIRTHPLACE OF FATHER (State or country): Phila, Pa

MAIDEN NAME OF MOTHER: Anna Eadie

BIRTHPLACE OF MOTHER (State or country): Phila. Pa

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Empie M. Closkey

(Address) Chester Pa.

Filed 6/4 1908

HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 3rd 1908

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to June 3, 1908 that I last saw h in valive on June 3 1908, and that death occurred, on the date stated above, at 8.30 M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis.

(DURATION) DAYS

Con'ributory (Primary.) Dog Bite

(DURATION) DAYS

(Signed) Robt. Johnson M.D.

Address 1016 Franklin St

Date June 3. 1908

Place of Burial Chester, Pa.

Date June 3, 1908

Undertaker Henry W. Maas & Son

Address 1058 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12657 Registered No. B C12657

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1 West North Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George C Kirk

{Residence, if in Baltimore, Give Street and Number.} 1 W. North Ave

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 18th 1862

AGE: 46 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: Geo W Kirk

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Melinda Amos

BIRTHPLACE OF MOTHER (State or country): Fallston Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Olivia C Kirk

(Address) Fallston Md

Filed 6/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 3rd 1908

I HEREBY CERTIFY, That I attended deceased from June 3rd 1908 to June 3rd 1908 that I last saw him alive on June 3rd 1908, and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary edema
exhaustion

(DURATION) — DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) 9 DAYS

(Signed) J Wm Geo White M.D.

Address 1820 N. Charles St.

Date June 3rd 1908

Place of Burial Fallston Md

Date June 4th 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12655 C12658

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 254, Chesnut St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Ennis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: Sept (Month) 1 (Day) 1889 (Year)	
AGE: 18 years, 9 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: Evan Ennis	
BIRTHPLACE OF FATHER (State or country): Washington DC	
MAIDEN NAME OF MOTHER: Mary E Franklin	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: Broom Maker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evan Ennis

(Address) 254 Chesnut St

Filed 6/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 19th 1908 to June 2nd 1908 that I last saw h[im] alive on June 2nd 1908 and that death occurred, on the date stated above, at 3.15 P. M. The CAUSE OF DEATH was as follows:

Pleurisy
Enteritis
Dropsy

(DURATION) 4½ DAYS

Contributory Exhaustion

(DURATION) Few DAYS

(Signed) Daniel Pratt M. D.

June 2nd 1908 (Address) 1516 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion	June 4 1908
UNDERTAKER: R T Elliott	ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPT.

Ward 14 C12659 Registered No. B C12659

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 1 N. Vincent St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richmond A. Maddox

{Residence, if in Baltimore, Give Street and Number.} 1 N. Vincent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH May 27, 1901

AGE 7 years, months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jeremiah Maddox

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Spears

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jeremiah Maddox

(Address) 1 N Vincent St

Filed 6/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2, 1908

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to June 2, 1908

that I last saw h in alive on June 1 1908,

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 8 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1315 Hollins

Date June 2 1908

Place of Burial Odd Fellows Cemetery Catonsville

Date June 4th 1908

Undertaker A. J. Thrasher

Address 106 N. Schroeder St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPT.

Ward 1 C12660 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 164 r Holbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo P Purser

{Residence, if in Baltimore, Give Street and Number.} 164 r Holbrook St

Duration of Residence in Baltimore. All 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 31 1870

AGE 38 years, ___ months, ___ days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Chicago Ills

FULL NAME OF FATHER Geo Purser

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Tunnell

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha A Purser

(Address) 164 r Holbrook St

Filed 6/4 1908 HARRY C. J. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1908

I HEREBY CERTIFY, That I attended deceased from abt May 26 1908 to June 2d 1908

that I last saw h[illegible] alive on June 2d 1908,

and that death occurred, on the date stated above, at [illegible]

P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
4 months

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 163 r Lindsay

Date June 2 1908

Place of Burial Mt Calvary Cathedral

Date June 5 1908

Undertaker Robt Timmons

Address 1412 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 19 C12661 Registered No. B C12661 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 327 South Stricker St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles N. Z Koofman

{Residence, if in Baltimore, Give Street and Number.} 327 S Stricker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 16th 1908

AGE ..... years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Charles Koofman

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Falcd

(Address) 327 S. Stricker St

Filed 6/4 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/4/08 1908

I HEREBY CERTIFY, That I attended deceased from 6/1 1908 to 6/3 1908

that I last saw h in alive on 6/3 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Marasmus (DURATION) DAYS

(Signed) J Harry Ullrich M.D.

Address 2214 Cam St.

Date 6/4/08 1908

Place of Burial Western Cem-

Date June 6th 1908

Undertaker John J. Cowan

Address 901 Hallins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12662 Registered No. B C12662

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 218 W. Lee St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mitchell Bailey

{Residence, if in Baltimore, Give Street and Number.} 218 W. Lee St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH ..... 1 .....

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) md.

FULL NAME OF FATHER mitchell Bailey

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER mariah Kennard

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Read

(Address) 218 n hill st

Filed 6/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1908 to June 1 1908

that I last saw h[illegible] alive on June 1 1908,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate.)

cardiac dilatation and bronchitis

(DURATION) 5 mo DAYS

Contributory (Primary.) Dropsy 7 mo

(DURATION) DAYS

(Signed) C A Hoover M.D.

Address 712 S. Wash st

Date June 3 1908

Place of Burial mt auburn cemetry

Date June 4 1908

Undertaker John H Stadium

Address 142 n hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

C12663

Registered No. B .....

City of Baltimore, (No. 1424, John St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Arthur Page Kennedy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 10 1901 (Month) (Day) Year)

AGE: 6 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.—

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Thomas W. Kennedy

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Annie Page

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas W. Kennedy.

(Address) 2035 Guilford Ave

Filed 6/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 2nd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 8th 1908 to June 2nd 1908 that I last saw h im alive on June 2nd 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Sprue (DURATION) 2 Mo. [illegible]

Contributory Rheumatism. Bronchitis, Endocarditis, Myocarditis (DURATION) 5 — DAYS

(Signed) Chas. Emil Bond M. D.

June 3d 1908 (Address) 520 S. 2nd.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? — Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loraine Cemetery	June 4 1908

UNDERTAKER: Henry W. Miles & Son — ADDRESS: 805 N. Calvert St.

HEALTH DEPARTMENT

Ward 15

C12664 Registered No.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2119 Woodbury Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Allen J. Patterson

{Residence, if in Baltimore, Give Street and Number.} 2119 Woodbury Ave.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 28th 1894

AGE 14 years, — months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Woodberry, Md

FULL NAME OF FATHER Joseph H. Patterson

BIRTHPLACE OF FATHER (State or country) Woodberry, Md

MAIDEN NAME OF MOTHER Elsie M. Klinefelter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. H. Patterson

(Address) 2119 Woodbury Ave

Filed 6/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3d 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1907 to June 3d 1908 that I last saw him alive on June 3d 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart

(DURATION) 6 months DAYS

Contributory (Primary.) Rheumatism (DURATION) 60 DAYS

(Signed) Geo. T. Shower M.D.

Address 1421 Roland Ave.

Date June 4th 1908

Place of Burial Druid Ridge

Date June 6. 1908

Undertaker Horace Burger

Address 3631 Falls Road

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C12666 Registered No. B C12666

CERTIFICATE OF DEATH.

(Place of Death.) No. 656 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hettie Geffroy

{Residence, if in Baltimore, Give Street and Number.} 656 W. Baltimore St.

Duration of Residence in Baltimore. 5 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH 1

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER Dudley Bray.

BIRTHPLACE OF FATHER (State or country) N. C.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Boyd

(Address) 656 W. Baltimore St.

Filed 6/4 190 8 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1908.

I HEREBY CERTIFY, That I attended deceased from May 1908 to June 3 1908

that I last saw her alive on June 2 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

4 mos (DURATION) DAYS

Contributory (Primary.) Laryngeal Oedema (DURATION) 1 DAYS

(Signed) J. Norwood M.D.

Address 139 W. Fayette St.

Date June 3 1908.

Place of Burial Baltimore

Date June 5 1908. 190

Undertaker Wm. Cook

Address 502 E. Market

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W. C12665. Registered No. B C12665

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 334 S Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Smith

{Residence, if in Baltimore. Give Street and Number.} 334 S Woodyear Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 29 1867

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Benj B Ehrhart

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Ehrhart

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. M. Smith

(Address) 334 S Woodyear Ave

Filed 6/4 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to June 2 1908 that I last saw her alive on June 2 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

1 Year (DURATION) ... DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) Jos. E. Muse M.D.

Address 855 Columbia Ave

Date June 3 1908

Place of Burial Baltimore Cem

Date June 5 '08

Undertaker Wm. Cook

Address 522 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C12667 Registered No. B C12667

31

CERTIFICATE OF DEATH.

(Place of Death.) No 1022. McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Duncan.

{Residence, if in Baltimore, Give Street and Number.} 1028 McCulloh

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Hubbard.

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Rebecca Mahoney.

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha A. Galloway.

(Address) 1022 McCulloh St.

Filed 6/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2nd 1908

I HEREBY CERTIFY, That I attended deceased from May 21 1908 to May 29 1908 that I last saw h er alive on May 29 1908, and that death occurred, on the date stated above, at 6.50 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Abscess

(Old age)

Feb. 1907 (DURATION) DAYS

Contributory (Primary) Tuberculosis 17 months (DURATION) DAYS

(Signed) Annie F. Marchant M.D.

Address 1411 W. Royal Ave

Date June 3rd 1908

Place of Burial Baltimore Cem

Date June 5 1908.

Undertaker Lowndes

Address 502 E Fairmount

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C12668 Registered No. B

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1418 Eutaw Place. Balto Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Allen Elliott.

{Residence, if in Baltimore, Give Street and Number.} Lake Waccamaw N.C.

Duration of Residence in Baltimore. Ten days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Wilmington. N.C.

FULL NAME OF FATHER Oliver P. Meares.

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Annie E. Knight.

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Henry B. Elliott

(Address Lake Waccamaw. N.C.

Filed 6/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 4 1908

that I last saw h w alive on June 1908 8.45

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis.

(DURATION) 4 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H Warren Buerker M.D.

Address 806 Cathedral St

Date June 4 1908

Place of Burial Wilmington City Hall Cemetery

Date June 4 1908 No. 16

Undertaker Stewart & Bowen Co

Address 215 & 217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 C12669 Registered No. B C12669

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 800 1st Ave Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosie C Meade

{ Residence, if in Baltimore, Give Street and Number. } 800 1st Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 16th 1890

AGE: 18 years, 0 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas A Meade

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarah A Ryan

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Mill-hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A Meade

(Address) 800 1st Ave

Filed 6/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1908 to June 1 1908

that I last saw her alive on June 2nd 1908,

and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulm

Asthenia Collapse

9 days (DURATION)

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm A Feddeman M.D.

Address 800 1st Ave

Date June 3rd 1908

Place of Burial St Mary's, Govanstown

Date June 5 1908

Undertaker D S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C12071 Registered No. B C12071

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Claude B. Henderson

{Residence, if in Baltimore, Give Street and Number.} Hapeville Georgia

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 26 1880

AGE: 27 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Georgia

FULL NAME OF FATHER: John M. Henderson

BIRTHPLACE OF FATHER (State or country): Ga

MAIDEN NAME OF MOTHER: Sarah Howell

BIRTHPLACE OF MOTHER (State or country): Ga

OCCUPATION OF DECEASED: Book-Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Henderson.

(Address) Atlanta Ga.

Filed 6/4 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3" 1908

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to June 3 1908

that I last saw him alive on June 3 1908,

and that death occurred, on the date stated above, at 9.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis tuberculosis meningitis.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date June 4" 1908

Place of Burial Atlanta Ga

Date June 6 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 12670

City of Baltimore, (No. 819, Second Ave St.; 3 Ward) Woodbury

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Burns

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) (Day) 1838 (Year)

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Chain

BIRTHPLACE OF FATHER (State or country): Not Know

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Walls

(Address) 819 Second Ave

Filed 6/4 1908

BARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 2 1908 to June 3 1908

that I last saw h er alive on June 3 1908,

and that death occurred, on the date stated above, at 830 A. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory Paresis 7

Indefinite (DURATION) DAYS

(Signed) D. B. Kound M. D.

1908 (Address) 3542 Chestnut Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Mary's N.

DATE OF BURIAL: June 4 1908

UNDERTAKER: A. S. Marshall

ADDRESS: 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C12672 Registered No. B C12672

CERTIFICATE OF DEATH.

(Place of Death.) No. 1215 Park Terrace St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John J. Slavin

{Residence, if in Baltimore, Give Street and Number.} 1215 Park Terrace

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 10-20-1864

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michael Slavin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret McDermott

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Ruhn's Restaurant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fahey

(Address) 1233 Hilliard St.

Filed 6/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to June 2 1908 that I last saw h im alive on June 2 1908, and that death occurred, on the date stated above, at 5- P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholaemia
Trauma

(DURATION) 14 DAYS

Contributory (Primary.) Cirrhosis of Liver (DURATION) DAYS

(Signed) Charles O Dorman M.D.

Address 10 E. Read St

Date June 4 1908

Place of Burial New Cathedral Cem

Date June 5- 1908

Undertaker John J Fahey & Son

Address 1232 Hilliard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cyril Francis

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

C12673

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male - | COLOR: Black

DATE OF BIRTH: Apr. 16 - 1908

AGE: ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Mildred St Elizabeths Home

(Address)

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3, 1908

I HEREBY CERTIFY, That I attended deceased from May 10 1908 to June 3, 1908 that I last saw him alive on June 3 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus -

(DURATION) 1 mo DAYS

Contributory (Primary) Congenital Debility

(DURATION) Life DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date June 4, 1908

Place of Burial Calhedral Cemetery

Date June 5th 1908

Undertaker Philip B Poe

Address 1522 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C12674 Registered No. B

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Graham

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home - C12674

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: May 1, 1908

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 6/5 1908 HARRY C. ARDEMAN, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to June 3, 1908

that I last saw h[illegible] alive on June 3, 1908,

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolyne St.

Date June 4, 1908

Place of Burial Cathedral Cemetery

Date June 5-th 1908

Undertaker Felix B Pyle

Address 102 E Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C12676 Registered No. B C12676

CERTIFICATE OF DEATH

(Place of Death.) No. Bay View Hospital, Insane Dept. St. (if Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Haddinott

{ Residence, if in Baltimore, Give Street and Number. } Baltimore (517 N Calhoun St)

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH

AGE 62 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Co Md

FULL NAME OF FATHER Simon Haddinott

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Barkley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 6/5 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from 1908 to June 4 1908

that I last saw her alive on June 4 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

over 3 months (DURATION) DAYS

Contributory (Primary.) Angina Pectoris (DURATION) 2 hrs DAYS

(Signed) Thos. H. Phillips M.D.

Address Bayview Gr. Sp.

Date June 4. 1908

Place of Burial London Park

Date June 5 1908

Undertaker Wm J Cook

Address 1003 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C12675 Registered No. B C12675

CERTIFICATE OF DEATH. 120

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet Cole

{Residence, if in Baltimore, Give Street and Number.} 146 East 81

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Kellyda Sist.

(Address) BAY VIEW ASYLUM

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1907 to June 2 1908

that I last saw her alive on June 2 1908

and that death occurred, on the date stated above, at 6.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt. O. Bay M.D.

Address Bay View

Date June 3 1908

Place of Burial Asbury

Date June 5th 1908

Undertaker R. A Elliott

Address 576 Regan Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B C12677

C12677

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 2413 E Biddle St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie Maria Brandt

{Residence, if in Baltimore, Give Street and Number.} 2413 E Biddle St

Duration of Residence in Baltimore. 5 Mo

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 6" 1907

AGE ... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John F. Brandt.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Maggie Bucker.

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Brandt

(Address) 2413 E Biddle St

Filed 6/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to June 4th 1908

that I last saw h.. alive on June 4th 1908, and that death occurred, on the date stated above, at 8 A.M.

..M. CAUSE OF DEATH (Secondary or Immediate.)

1. Cerebral Hemorrhage

2.

3.

(DURATION) DAYS

Contributory (Primary.) Enteric colitis

(DURATION) 3 DAYS

(Signed) J. E. Hoerner M.D.

Address 2129 E Preston

Date June 4th 1908

Place of Burial Holy Redeemer

Date June 5" 1908

Undertaker Geo. M. Frutt.

Address 811 N. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12678

City of Baltimore, (No. 1518 Park ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice A. M. Hammond

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) ..... Year)

AGE: 59 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto =

FULL NAME OF FATHER: Richard C. Murray

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Barbara Fenwick

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos W. Hammond

(Address) 1518 Park Ave

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3rd 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 10th 1908 to June 3rd 1908 that I last saw h Sr alive on June 3rd 1908, and that death occurred, on the date stated above, at 12 45 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Embolism
(Acute Sudden)
(DURATION) ..... DAYS

Contributory Fatty degeneration and anaemia (DURATION) ..... DAYS

(Signed) Claude Mum Bebelaer M. D.

June 4th 1908 (Address) 9 E. Read St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: June 6 1908

UNDERTAKER: E. W. Mitchell — ADDRESS: 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 105 N. Castle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine White

{ Residence, if in Baltimore, Give Street and Number. } 105 N. Castle St

Duration of Residence in Baltimore. Life C 12679

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH May 30 1908

AGE x years, x months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Thomas E. White

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Catharine Eder

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas E. White

(Address) 105 N. Castle st.

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5:15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

Utero Gest 6 mo

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carruthers M.D.

Address Corner Reed

Date June 5 1908

Place of Burial Trinity Cem.

Date June 5 1908

Undertaker J. & J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C12660

C12680

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 St Peter St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louise Skrakowsky

{Residence, if in Baltimore, Give Street and Number.} 702 St Peter St

Duration of Residence in Baltimore. 13 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 1883

AGE 24 years, 2 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia Poten

FULL NAME OF FATHER Fred Lapin

BIRTHPLACE OF FATHER (State or country) Russia Poten

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Skrakowsky

(Address) 702 St Peter St

Filed 6/5 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3d 1908

I HEREBY CERTIFY, That I attended deceased from May 31st 1908 to June 3d 1908 that I last saw h alive on June 2d 1908 and that death occurred, on the date stated above, at ____ A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) two DAYS

Contributory (Primary) Typhoid Fever about one week (DURATION) ____ DAYS

(Signed) Fred A. Corradi M.D.

Address 2201 E. Baltimore St.

Date June 4th 1908

Place of Burial Trinity Com

Date June 6th 1908

Undertaker St Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C12681 Registered No. B C12681

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 1601 Park Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Bond Wilson

{Residence, if in Baltimore, Give Street and Number.} 1601 Park Place

Duration of Residence in Baltimore. 74 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 12th 1834

AGE 74 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Georgetown DC

FULL NAME OF FATHER Philip Beggs Lipscomb

BIRTHPLACE OF FATHER (State or country) Georgetown DC

MAIDEN NAME OF MOTHER Maria Gott

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Lipscomb

(Address) 1730 Bolton St

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4th 1908

I HEREBY CERTIFY, That I attended deceased from December for about one year to June 4th 1908

that I last saw her alive on June 2nd 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate

Carcinoma of Uterus & general carcinosis.

about 6 mo. (DURATION) DAYS

Contributory (Primary.) Carcinoma of breast (DURATION) 3 yrs DAYS

(Signed) Emma P McCaan M.D.

Address 1500 Madison Ave

Date June 4th 1908

Place of Burial London Park Cy

Date June 6th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12682 Registered No. B [illegible] 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Lady Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Chrustat

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Asy. Cey.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH March 23 1907

AGE ..... years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Asy. Cey.

(Address)

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Finlen M.D.

Address 9. E. Biddle St

Date June 3 1908

Place of Burial New Cathedral

Date June 5 190...

Undertaker Martin Fahy & Son

Address 1 1 Fahy [illegible]

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12683 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Faiter

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 6/5- 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) JS. Tinker M.D.

Address 9 E. Biddle St

Date June 4th 190 8

Place of Burial Green Cathedral

Date June 5th 190 8

Undertaker Martin Fahey & Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12684 Registered No. B C12684

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent's Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celestine Calvert

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR C.

DATE OF BIRTH May 29 1903

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincent's Inf. Asy.

(Address)

Filed 6/5 1905 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3d 1905

I HEREBY CERTIFY, That I attended deceased from June 1st 1905 to June 3d 1905 that I last saw h— alive on " 1905, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Biddle St

Date June 3d 1905

Place of Burial New Cathedral

Date June 5 1905

Undertaker Martin Gahagan

Address 611 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 12685

City of Baltimore, (No. 1029 Light St; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Emma Morsell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb (Month) 3 (Day) 1880 (Year)

AGE: 18 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. H. Morsell

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary F. Meyers

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Morsell

(Address) 1029 Light St.

Filed 6/5 1908 HARRY J. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 3rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to June 2nd 1908 that I last saw h[illegible] alive on June 2nd 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Pr Phusis Pulmonalis

About 3 months (DURATION) DAYS

Contributory Cardiac Dilatation (DURATION) 10 DAYS

(Signed) H. J. Carrick M. D.

June 3rd 1908 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: MOUNT OLIVET. DATE OF BURIAL: JUN 5 - 1908

UNDERTAKER: Armstrong Denny Co. ADDRESS: 715 Light Street.

WM. J. C. DULANY CO., Baltimore

Ward ..... C12686 Registered No. B[illegible] 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Samuel Jameson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Col.

DATE OF BIRTH ..... 1 .....

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... June 4 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 4 1908 that I last saw h[illegible] alive on June 4 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

..... (DURATION) DAYS

Contributory (Primary.) Nephritis

..... (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date June 4 1908

Place of Burial JOHNS HOPKINS HOSPITAL JUN 5 1908

Date 1908

Undertaker G. L. Hurley

Address 931 N. Mount St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

109

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 12687

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 S Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Laeppel (Jno Single)

{ Residence, if in Baltimore, Give Street and Number. } 111 S Durham

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH ~~June 5~~ ~~1908~~

AGE ~~[illegible]~~, 15 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Alex Laeppel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Kuran

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Laeppel

(Address) 111 S. Durham.

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5. 1908

I HEREBY CERTIFY, That I attended deceased from May 23. 1908 to May 31 1908 that I last saw him alive on May 31 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 21 DAYS

Contributory (Primary.) remittent fever

(DURATION) ..... DAYS

(Signed) H. Fluide M.D.

Address 1119 E. Balto. St.

Date June 5, 1908

Place of Burial Holy Redeemer

Date June 7 1908

Undertaker Kendell & Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C. 12.687

GENERAL AFFIDAVIT.

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, That this 13th, day of June A. D. 1908, before me, the subscriber a Justice of the Peace of the said State, in and for the City aforesaid, personally appeared Harris Flinder, residing at No. 1119 E. Baltimore Street

and made oath in due form of law that he Harris Flinder, in signing death certificate of John Sippel, erronously spelled same John Saeppel, said certificate was dated June 5th, 1908.

Dr H. Flinder

Subscribed and sworn to before me this 13th, day of June 1908.

Simon L. Fields J.P.

Ward 16 St Michaels - C12688 Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Switzer

{ Residence, if in Baltimore, Give Street and Number. } 26 Washington St. Homestead

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo. F Switzer

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary A Bentz

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lula P Switzer

(Address) 26 Washington St Homestead

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 — 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 4 1908

that I last saw him alive on June 4 1908

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

~~Secondary to Operation~~

General Peritonitis

(DURATION) 3 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 7 DAYS

(Signed) E H Hayward M.D.

Address 1230 N Carrollton

Date 6/4 1908

Place of Burial Western Cemetery

Date June 6 4 1908

Undertaker Wm Cook

Address 532 E North ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. Near Cor. Hanover & Linden av. w/in St. being conveyed in Ambulance to Hospital

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma E. Fuller

{Residence, if in Baltimore, Give Street and Number.} 926 Hanover st

C 12689

Duration of Residence in Baltimore. One month

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: White

DATE OF BIRTH: April 2nd 1890

AGE: 18 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frederick Hauer

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Annie L Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Fuller

(Address) 926 Hanover St

Filed 6/5 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Stroke, from accidental burn, while coming on a gas stove.

..... (DURATION) ..... DAYS

Contributory (Primary.) Accident

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address Two Lafayette av. (Comm)

Date June 5th 190 8

Place of Burial Woodlawn Hebrew Cemetery

Date June 14 190 8

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12690 Registered No. B .....

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 1518 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Todd

{Residence, if in Baltimore, Give Street and Number.} 1508 Covington St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH Oct 14 1907

AGE ..... years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Geo B. Todd

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Agnes Lamar

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Agnes Lamar

(Address) 1508 Covington

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1908

I HEREBY CERTIFY, That I attended deceased from 5/17 1908 to 6/3 1908

that I last saw her alive on 6/3 1908

and that death occurred, on the date stated above, at 10.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 3 DAYS

Contributory (Primary.) Tuberculous Meningitis (DURATION) 20 DAYS

(Signed) L. J. Turlington M.D.

Address 106 E Todd Ave

Date 190

Place of Burial St Peters

Date June 5 1908

Undertaker J. J. Kerr & Co. Successors

Address J. J. Kerr Williams

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12691 Registered No. B C12691

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 318 S Dallas St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Viola Brown

{Residence, if in Baltimore, Give Street and Number.} 318 S Dallas ct

Duration of Residence in Baltimore. 12 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 27 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: Albert Giles

BIRTHPLACE OF FATHER (State or country): Harford Co Md

MAIDEN NAME OF MOTHER: Eliza Rice

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Gaines

(Address) 310 Belt St

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 4 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 ½ Greene St

Date 190

Place of Burial Laurel Cemetary

Date June 5 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 15 C12692 Registered No. B

CERTIFICATE OF DEATH. 04

(Place of Death.) No. 2120 Ridgewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Bauer.

{ Residence, if in Baltimore, Give Street and Number. } 2120 Ridgewood Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Febry 20 1863

AGE 45 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER John Bauer.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Margeret Hess.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Laundry man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs.A.Gertrude Bauer,

(Address) 2120 Ridgewood Ave.

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to June 4 1908 that I last saw h~~im~~ alive on June 3 1908, and that death occurred, on the date stated above, at 2.20 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Tuberculosis.

General (DURATION) — DAYS

(Signed) Geo A Shannon M.D.

Address 700 N. Fulton Ave

Date June 4. 1908

Place of Burial Loudon Park.

Date June 7 1908. 190

Undertaker George W.Little, 531 N. Fremont Ave.

Address 531 N-FREMONT AVE-

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. Frank- Isaac, Hospital - St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Benjamin Langberg

{Residence, if in Baltimore, Give Street and Number.} 2552 Woodbrook ave

C 12693

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45 years, 8 months, 4 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Henry Langberg.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Julia Stern

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigar Mfgr-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Morris Langberg

(Address) #110 W. Saratoga St

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4th 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to June 4 1908 that I last saw him alive on June 4 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

2 Hours (DURATION) DAYS

Con'ributory (Primary.) Dropsy

(DURATION) 21 DAYS

(Signed) Joseph Happy M.D.

Address Franklin Sq Hosp.

Date June 6 1908

Place of Burial Har- Sinai Cem.

Date June 7 1908

Undertaker Jos Eyfer-

Address 1600 W. North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Paul & Fayette or en route to City Hospital

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William M. Ano

Residence, Give Street and Number, 22 E. Hamburg

Duration of Residence in Baltimore, Lifetime C12694

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH 8-28— 1837

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER Do not Know

BIRTHPLACE OF FATHER (State or county) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or county) " " "

OCCUPATION OF DECEASED Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John I Fahey

(Address) 1255 William

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 4 died 1908

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to 190

that I ~~last saw h~~ alive on ~~190~~

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W Wirley Carver M. D.

Address 629 Bunburry

Date June 4 1908

Place of Burial London Park Cem

Date June 6 1908

Undertaker John I Fahey

Address 1232 William

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C12695 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1810 Patterson ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lovina Brown

{Residence, if in Baltimore, Give Street and Number.} 1810 Patterson ave.

Duration of Residence in Baltimore. Eight years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 90 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Widow

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Woolen

(Address) 1810 Patterson ave.

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

about one year (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 708 Eq. Av. Canton,

Date June 4th 1908

Place of Burial Mt Olivet

Date June 6 1908

Undertaker R L Parkinson & Co

Address 1218 Park st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C12696 Registered No. B C12696

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John P. Lannon

{Residence, if in Baltimore, Give Street and Number.} 1049 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1900

AGE: 4 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Terrance Lannon

BIRTHPLACE OF FATHER (State or country): City.

MAIDEN NAME OF MOTHER: Elizabeth Harding

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Julia Lannon

(Address) 1049 Harford Ave

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 4 1908

that I last saw h~~im~~ alive on June 3 1908,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 6 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) H. Hayward M.D.

Address 1231 N. Carrollton Ave

Date June 6 1908

Place of Burial New Cathedral Cemetery

Date June 6 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12697 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Sonderkin.

{Residence, if in Baltimore, Give Street and Number.} 918 Valley St.

Duration of Residence in Baltimore. City

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 3 rd. 1906

AGE: 2 years, 2 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: James Sonderkin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Redmond

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Sonderkin

(Address) 918 Valley St.

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from apr 22 1908 to June 4 1908 that I last saw h alive on June 3 1908 and that death occurred, on the date stated above, at 6 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 6 DAYS

Contributory (Primary.) Mesenteritis acute (DURATION) 42 DAYS

(Signed) Anthony I. Ostaliecki M.D.

Address 527 augusta St.

Date June 4 1908

Place of Burial Holy Cross Cemetery

Date June 6th 1908

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12698 Registered No. B C12698

CERTIFICATE OF DEATH. 28

(Place of Death.) No. 2004 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicholas Joseph Hamper

{ Residence, if in Baltimore, Give Street and Number. } 2004 E. Lombard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH November 21st 1907

AGE ..... years, 6 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph P. Hamper

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Margaret Schoenig

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph P. Hamper

(Address) 2004 E. Lombard St.

Filed 6/5- 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4. 1908

I HEREBY CERTIFY, That I attended deceased from May 22. 1908 to June 4. 1908 that I last saw him alive on " 3 1908, and that death occurred, on the date stated above, at 12 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) 14 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St.

Date Balto. June 4. 1908

Place of Burial Holy Redeemer Cemetery

Date June 6th 1908

Undertaker Henry Hoeck Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1441 N Gay St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name, Paul A Mauser

{ Residence, if in Baltimore, Give Street and Number. } 1441 N Gay St

Duration of Residence in Baltimore. Life C12699

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH July 26 1840

AGE 67 years, 8 months, 8 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER John Mauser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kate Muller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mauser

(Address) 1441 N. Gay

Filed 6/5 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4th 1908

I HEREBY CERTIFY, That I attended deceased from May 2nd 1908 to June 4th 1908 that I last saw h[illegible] alive on June 4th 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Esophagus

(DURATION) 33 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. A. Stoner M.D.

Address 1509 Eager St

Date June 4th 1908

Place of Burial Mt. Holly Redeemer

Date June 8 1908

Undertaker Robt. Johnson

Address 1422 N. Gay,

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12:00

CERTIFICATE OF DEATH.

120

Registered No. B.....

City of Baltimore, (No. 1112, Dulton Ave St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Ludwig Lauritzen

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH April 23 1845
(Month) (Day) (Year)

AGE 62 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Denmark

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Shipsmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Lauritzen

(Address) 1112 Dulton Ave.

Filed 6/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 1 1908 to June 5 1908

that I last saw him alive on June 5 1908,

and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Uraemia

..... (DURATION) ..... DAYS

Contributory Chr. Interstitial Nephritis (DURATION) 2 yrs. ~~DAYS~~

(Signed) H. Hamm M.D.

..... 190 ..... (Address) 21 N. Dulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	June 7 1908
UNDERTAKER	ADDRESS 1000 N.
Geo. J. Smith & Co	Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C12701

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 604, Mc. Elderry st. court St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Robinson.

PERSONAL AND STATISTICAL PARTICULARS

SEX: fem | COLOR: col

DATE OF BIRTH: August (Month) 2 (Day) 1907 (Year)

AGE: ..... years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Abraham Robinson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Hill

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(informant) Minnie Johnson

(Address) 603 Mc Elderry st. court.

Filed 6/6 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 4 1908

that I last saw h alive on June 3 1908,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Gastro - enteritis

(DURATION) 3 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Samuel Ansberg M. D.

June 4 1908 (Address) 1220 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Zion — DATE OF BURIAL: June 6 1908

UNDERTAKER: P. A. Elliott — ADDRESS: 506 Rogers

Ward 11 C12702 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 433 Moore St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Infant of Amanda Johnson

{Residence, if in Baltimore, Give Street and Number.} 433 Moore St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Ginco-Amer

DATE OF BIRTH 6/3 1908

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 433 Moore St.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Amanda Johnson

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Banks

(Address) 415 Moore St.

Filed 6/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/5 1908

I HEREBY CERTIFY, That I attended deceased from 6/3 1908 to 6/5 1908 that I last saw h[illegible] alive on 6/3 1908, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Immature birth & lack of proper Care

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 924 Hurdwick

Date 6/6 1908

Place of Burial Asbury

Date June 6 1908

Undertaker R. A. Elliott

Address 516 Ryan ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B C12703

150 c

CERTIFICATE OF DEATH.

(Place of Death.) No. 1924 Latrobe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Enfant mulatto Ridgley

{ Residence, if in Baltimore, Give Street and Number. } 1774 Latrobe St.

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: — years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Ridgley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Matilda Bryant

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father. Frank Ridgley

(Address) 1774 Latrobe St

Filed 6/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5th June 1908

I HEREBY CERTIFY, That I attended deceased from 27-5- 1908 to 3-6-5- 1908

that I last saw h[illegible] alive on 2-6-5- 1908,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Infantile

Acute (DURATION) 11 DAYS.

(Signed) E. M. Boyle M.D.

Address 1526 E. Madison St.

Date 5th June 1908.

Place of Burial Laurel

Date June 8 1908

Undertaker R. A. Elbert

Address 1716 Rogers ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

146

CERTIFICATE OF DEATH.

C12701

Registered No. B.....

City of Baltimore, (No. 1007 E. Balto St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alex. Ward Boughan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White

DATE OF BIRTH: Jan. (Month) 31 (Day) 1902 (Year)

AGE: 7 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Essex Co. Va

FULL NAME OF FATHER: James Ward Boughan

BIRTHPLACE OF FATHER (State or country): Essex Co. Va.

MAIDEN NAME OF MOTHER: Elizabeth Horbucht

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 2 1/2 abv. Brooklyn a a Co.

Filed 6/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June. 6 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 5 1908

that I last saw him alive on June 5 1908,

and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Acute Meningitis

Sinus Thrombosis

Metastatic Abscesses

(DURATION) 13 DAYS

Contributory Septic Pneumonia

(DURATION) ..... DAYS

(Signed) Herbert Harlan M.D.

June 5 1908 (Address) 1007 E. Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 51 Days

Where was disease contracted, if not at place of death? Home

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: June 7th 1908

UNDERTAKER: Jos. Stuntebeck

ADDRESS: 1318 Light St

Ward 19 C12705 Registered No. B

CERTIFICATE OF DEATH. 112

(Place of Death.) No. 2220. Eagle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. M. Williams

{Residence, if in Baltimore, Give Street and Number.} 2220. Eagle St.

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: July, 22d 1852

AGE: 55 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas, Wm Williams

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Kath. Thompson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Wheelwright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katharine Williams

(Address) 2220. Eagle St.

Filed 6/6 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June, 4th 1908.

I HEREBY CERTIFY, That I attended deceased from March 1908 to June 4th 1908 that I last saw him alive on June 3d 1908, and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suffered from Sclerosis of Liver with its accompanying symptoms for about one year, ~~certain~~ DAYS

Contributory (Primary.) Coma set in ending in death (DURATION) 2 DAYS

(Signed) Dr. Hedrick M.D.

Address 2151. Wilkens Ave

Date June, 5th 1908

Place of Burial Westen Cemetery

Date June 8th 1908

Undertaker John J. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12706 Registered No. B C12706

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1703 W Mosher st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ira E Crawford

{Residence, if in Baltimore, Give Street and Number.} 1703 Mosher st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 30 1908

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Ira E Crawford

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Emma E Sunbark

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ira E Crawford

(Address) 1703 Mosher st

Filed 6/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 6. 1908 that I last saw h in alive on June 5 1908, and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate

Cerebral congestion.

(DURATION) — DAYS

Contributory (Primary.) Insufficient Animation

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date June 6th 1908

Place of Burial Bethnal Cemetery

Date June 6 1908

Undertaker Josiah Sykes

Address Govs N Norther

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12707 Registered No. B C12707

CERTIFICATE OF DEATH.

(Place of Death.) No 2306½ E Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Beenknecht

{Residence, if in Baltimore, Give Street and Number.} 2306½ E Fayette st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 2nd 1873

AGE 35 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Beenknecht

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Margaret Dumm

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Margaret Beenknecht.

(Address 2306½ E Fayette st

Filed 6/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUN 5 1908 190

I HEREBY CERTIFY, That I attended deceased from Febr. 19 1908 to June 4 1908

that I last saw h-- alive on June 4 1908,

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Phthisis

Pulmonalis (DURATION) 106 DAYS

(Signed) Pierre G. Dausel, M.D.

Address 121 Jackson Square

Date JUN 5 1908 190

Place of Burial St Matthews Cemetery

Date June 7th 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

C12708

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dearkus Giles

{ Residence, if in Baltimore, Give Street and Number. } 1067 Argyle ave

Duration of Residence in Baltimore. Life Dearkus Giles

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	C
DATE OF BIRTH	1
AGE	47 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Marr'd
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Molly Giles

(Address) 1067 Argyle ave

Filed 6/6 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 4 1908

that I last saw h alive on June 4 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis from a perforated ulcer of stomach

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick Wharton, M.D.

Address Owings Mills

Date June 6 1908

Place of Burial Druid Hill

Date June 8 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 012709

City of Baltimore, (No. 1501 N. Parrish St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie Johnson.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 14 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frank Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lara Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lara Johnson

(Address) 201 Parrish St.

Filed 6/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from abt May 15 1908 to June 1 1908

that I last saw h.. alive on June 1 1908,

and that death occurred, on the date stated above, at 8 p. M. The CAUSE OF DEATH was as follows:

Pulm. Tuberculosis

..... (DURATION) — DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Wm. Dulany Jones M. D.

June 5 1908 (Address) 633 Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	June 6 1908
UNDERTAKER	**ADDRESS**
R. H. Pleasants & Son	Rogers

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1142 Kirk St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Holland

{ Residence, if in Baltimore, Give Street and Number. } 1142 Kirk St.

C 12710

Duration of Residence in Baltimore. Probably all her life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Black
DATE OF BIRTH: 1	
AGE: 61 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): md	
FULL NAME OF FATHER: \	
BIRTHPLACE OF FATHER (State or country): \	
MAIDEN NAME OF MOTHER: \	
BIRTHPLACE OF MOTHER (State or country): \	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Holland

(Address) 1142 Kirk St

Filed 6/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 4 1908

that I last saw h[illegible] alive on June 4 1908,

and that death occurred, on the date stated above, at 12.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy with - R. Lung Pleuria,

(DURATION) 2 DAYS

Contributory (Primary.) Age

(DURATION) ..... DAYS

(Signed) H. A. Bates M.D.

Address 1711 Madison Ave

Date June 5 1908

Place of Burial Mount ✓

Date June 6 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C12711 Registered No. B C12711

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 1112 Pennsylvania Ave., St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John. R. Brown.

{Residence, if in Baltimore, Give Street and Number.} 1112 Pennsylvania Ave,

Duration of Residence in Baltimore. 42 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro.

DATE OF BIRTH: Unknown

AGE: 42 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto, Md.

FULL NAME OF FATHER: Henry Brown.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Harriet Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Fannie Brown.

(Address) 1112 Penna. Ave.,

Filed 6/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3, 1908.

I HEREBY CERTIFY, That I attended deceased from May 20, 1908 to June 3 1908 that I last saw him alive on June 3, 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis, Endocarditis.

(DURATION) 90 DAYS

Contributory (Primary.) Chronic Bright's

(DURATION) 96 DAYS

(Signed) J. R. Wilson, M.D.

Address 1531 N. Eutaw St.

Date June 4, 1908.

Place of Burial Mt Zion

Date June 7 1908

Undertaker R. A. Eckert

Address 526 Rogers ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C12712 Register No. 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 433 W. Central Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Jones

{Residence, if in Baltimore, Give Street and Number.} 433 W. Central Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Nov 18 / 1873

AGE about 34 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimd

FULL NAME OF FATHER William Jones

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER Sarah Jane Selby

BIRTHPLACE OF MOTHER (State or country) Snow Hill Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Morgan

(Address) 517 W. Central Ave

Filed 6/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 / 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to June 5 1908 that I last saw him alive on April 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 1 DAYS

Con'ributory (Primary) Pulmonary Tuberculosis

(DURATION) 10 ~~months~~ DAYS

(Signed) H. T. Rogers M.D.

Address 1904 E. Baretts st

Date June 5 1908

Place of Burial Mt Auburn

Date June 8 1908

Undertaker R. A. Elliott

Address 516 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C12714

CERTIFICATE OF DEATH. 97

(Place of Death.) No. 510 N. Patterson Park Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) X

Full Name. Harry C. Gehrmann

{ Residence, if in Baltimore, Give Street and Number. } 510 N. Patterson Park Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 27 1908

AGE: — years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joshua Gehrmann

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Lydia A. Johnson

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua Gehrmann

(Address 510 N. Patterson Park Ave

Filed 6/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5th 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to June 5 1908

that I last saw him alive on June 5 1908,

and that death occurred, on the date stated above, at 7.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho. Pneumonia

2 Wks (DURATION) DAYS

Contributory (Primary)

4 hours (DURATION) DAYS

(Signed) [illegible] M.D.

Address 125 E Baltimore

Date June 5 1908

Place of Burial MT. CARMEL CEMETERY

Date JUN 7 1908

Undertaker [illegible] Miller

Address 2338 [illegible] Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C12713

CERTIFICATE OF DEATH. 118

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Scheder

{ Residence, if in Baltimore, Give Street and Number. } 600 S. Rose St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH June 22nd 1893

AGE 14 years, 11 months, 15 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Anton Scheder

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Thers. Pilkoff

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon

(Address) 600 S Rose

Filed 6/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1908

I HEREBY CERTIFY, That I attended deceased from June 4 1908 to June 5 1908 that I last saw h im alive on June 5 1908, and that death occurred, on the date stated above, at 3-18 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Gangrenous Appendecitis

(DURATION) 7 DAYS

Contributory (Primary.) Appendicalis

(DURATION) DAYS

(Signed) Ott Duker M.D.

Address 928 E Hoffman

Date June 8 1908

Place of Burial Sacred Heart

Date June 8 1908

Undertaker Wendell Lipsett Bros

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, cause and date of death, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C12715 Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2858 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Megary

{ Residence, if in Baltimore, Give Street and Number. } 2858 Pennsylvania Ave

Duration of Residence in Baltimore. About 60 years C12715

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 12 1832

AGE 75 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER David Megary.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Ellen McCracken

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Retired Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie R. Shannon

(Address) 700 N. Fulton Ave

Filed 6/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 3 1908

I HEREBY CERTIFY, That I attended deceased from May 6 1908 to June 3 1908 that I last saw him alive on June 2 1908, and that death occurred, on the date stated above, at 5-40 a M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis and Pulmonary Congestion

(DURATION) — DAYS

Contributory (Primary.) Paraplegia

(DURATION) — DAYS

(Signed) George C. Shannon M.D.

Address 700 N. Fulton Ave

Date 190

Place of Burial London Park

Date June 6 1908

Undertaker W J Tuckner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. 12716

CERTIFICATE OF DEATH.

45

(Place of Death.) No. 826 Newington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jacob Bamberger

{Residence, if in Baltimore, Give Street and Number.} 826 Newington Ave E

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~White~~ Male

COLOR: White

DATE OF BIRTH: 1

AGE: 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Bamberger

(Address) 826 Newington Ave.

Filed 6/6 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from March 3 1908 to June 4 1908

that I last saw h[illegible] alive on June 2 1908

and that death occurred, on the date stated above, at 5

A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 4 DAYS

Con'tributory (Primary.) Carcinoma of Intestines

Late with Metastasis (DURATION) 6 mos DAYS

(Signed) I. Gray Hilkes M.D.

Address 1134 Linden Ave E

Date June 5 1908

Place of Burial Hebrew Friendship Cem.

Date June 7th. 1908 190

Undertaker David Sondheim

Address 923 Madison Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12717

9

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Stein

{ Residence, if in Baltimore, Give Street and Number. } 204 Little Gough Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 11 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Indy

FULL NAME OF FATHER: Harris Stein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Pearl

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Stein

(Address) 204 L. Gough St

Filed 6/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~June~~ June 5" 1908

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to June 5 1908 that I last saw him alive on June 5 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria.

Empyema

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date June 6" 1908

Place of Burial Hebrew Randolph

Date June 7th 1908

Undertaker Max Levinson

Address 1620 McElderry st

8 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 897 W Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edith R Bloecher

{Residence, if in Baltimore, Give Street and Number.} 897 W Lombard

Duration of Residence in Baltimore. Life time C12718

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR White

DATE OF BIRTH Apr 4th 1905

AGE 3 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER F. Bloecher

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Emma Bloecher

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant F. Bloecher

(Address 877 W Lombard

Filed 6/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to June 6 1908

that I last saw h alive on April 5 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 3 DAYS

Con'tributory (Primary) Scarlet fever

(DURATION) 7 DAYS

(Signed) Henry Boyd M.D.

Address 6 E Columbia

Date June 6 1908

Place of Burial Loudon Park

Date June 7th 1908

Undertaker Geo. J. Smith

Address 901 W Fayette st

WM. J. C. DULANY CO., BALTIMORE

8 A M.

Ward 17 C12719 Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 W. Mulberry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Milton C Collison

{Residence, if in Baltimore, Give Street and Number.} 625 W Mulberry St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 13 1

AGE: — years, 19 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles W Collison

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Eda Knapp

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eda Knapp

(Address) 625 20 Mulberry St

Filed 6/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 - 5 - 1908

I HEREBY CERTIFY, That I attended deceased from 6 - 5 - 1908 to 6 - 5 - 1908

that I last saw him alive on 6 - 5 - 1908

and that death occurred, on the date stated above, at 4.30?

M. CAUSE OF DEATH (Secondary or Immediate)

Whooping Cough

Marasmus

(DURATION) DAYS ?

Contributory (Primary)

(DURATION) DAYS ?

(Signed) W. F. F. Lloyd M.D.

Address 639 Franklin

Date 6 - 5 - 1908

Place of Burial Mt Olivet

Date June 6 1908

Undertaker Wm Cook & Martin

Address

Funeral June 6" 4 P M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B C12720

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1600 Clifton place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Whelan

{ Residence, if in Baltimore, Give Street and Number. } No. 1600 Clifton place

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 23, 1903

AGE 5 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Patrick Whelan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Coughlan

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Whelan

(Address) 1600 Clifton place

Filed 6/6 1908

DANIEL R. ANDERSON PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4, 1908

I HEREBY CERTIFY, That I attended deceased from May 24, 1908 to June 4, 1908 that I last saw her alive on June 4, 1908, and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 12 DAYS

Contributory (Primary.) Convulsions

(DURATION) 12 DAYS

(Signed) A. R. Elsewell, M.D.

Address 1741 Harford ave

Date June 5, 1908

Place of Burial Loudon Park

Date June 7th 1908

Undertaker Gilbert F. Phillips

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

012721

99

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 N. Eutaw St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert St. Paine

{ *Residence, if in Baltimore, Give Strect and Number.* } 816 N. Eutaw St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 25 1844

AGE: 63 years, 11 months, 21 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Rhode Island

FULL NAME OF FATHER: Moses Paine

BIRTHPLACE OF FATHER (State or country): Vermont

MAIDEN NAME OF MOTHER: Sarah Anne Burgess

BIRTHPLACE OF MOTHER (State or country): Rhode Island

OCCUPATION OF DECEASED: Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev R J Anderson

(Address) 816 N Eutaw St

Filed 6/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 4th 1908

I HEREBY CERTIFY, That I attended deceased from April 5 1908 to June 3 1908

that I last saw him alive on June 3 1908,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dilitation of Heart

and degeneration of Heart Muscles

1 months or more (DURATION) — DAYS

Contributory (Primary.) Heart Degeneration

Two months or more (DURATION) — DAYS

(Signed) S. C Chew M.D.

Address Roland Park Md

Date June 4th 1908

Place of Burial Princeton N.J.

Date June 9th 1908

Undertaker Hendekins Howard Co

Address 340 W Madison St

WM. J. C. DULANY CO., BALTIMORE

C12722

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2400 Canton Ave. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Mary Elizabeth Miller

{Residence, if in Baltimore, Give Street and Number.} 2400 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 5th 1901

AGE 6 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Ambrose Miller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Hiebschman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Ambrose Miller

(Address) 2400 Canton ave

Filed 6/6 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 4 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 4 1908 that I last saw her alive on June 4 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Convulsions

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date June 5 1908

Place of Burial Holy Redeemer Cem

Date June 9th 1908

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH. C12723 27

(Place of Death.) No. 27 2. Church St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward D. Ganey

{ Residence, if in Baltimore, Give Street and Number. } 272, Church St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimd

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Myra Young

(Address) 272 Church St

Filed 1/6 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to June 5 1908 that I last saw h[illegible] alive on June 4 1908, and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (2.1.3)

(DURATION) 2 Mo DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 Mo DAYS

(Signed) [illegible] M.D.

Address 712 Church St

Date June 6th 1908

Place of Burial Mt Auburn Cem

Date June 7th 1908

Undertaker E. L. Brown's Son

Address 108 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 1224 D 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1212 Greenmount Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget Cadden

{ Residence, if in Baltimore, Give Street and Number. } 1212 Greenmount Ave

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 57 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Kelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget O'Neill

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Keeps House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 1212 Greenmt Ave

Filed 6/6" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Friday 5 June 1908

I HEREBY CERTIFY, That I attended deceased from June 4 1908 to June 5 1908 that I last saw h alive on June 5 1908, and that death occurred, on the date stated above, at 445 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) — DAYS

Contributory (Primary) Strangulated umbilical hernia (DURATION) 1½ DAYS

(Signed) Bernard Wms M.D.

Address 805 E Chase St

Date June 6 1908

Place of Burial Cathedral

Date June 8 — 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12725 Registered No. B 108

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 Shields alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes L. Rogers

{Residence, if in Baltimore, Give Street and Number.} 1211 Shields alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Albert Hawkins

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Addie Rogers

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Hawkins

(Address) 1211 Shields Alley

Filed 6/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5th 1908

I HEREBY CERTIFY, That I attended deceased from June 5th 1908 to June 5th 1908

that I last saw h alive on June 4th 1908,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Inflamgtement of the bowels

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Samuel A Baer M.D.

Address 619 W Biddle

Date June 6th 1908

Place of Burial Laurel Cem

Date June 7 1908

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C12726

26

(Place of Death.) No. 212 N Paca St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank Conway

{ Residence, if in Baltimore, Give Street and Number. } 212 N Paca St

Duration of Residence in Baltimore. Lifetime C12726

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 10 1851

AGE 57 years, — months, 25 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Conway

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Frances —

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank G. Conway

(Address) 38 St. 106½ St New York

Filed 6/7 1908

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 5 1908

that I last saw her alive on June 5th 1908 at 11'5

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

2 wks

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

Laryngeal (DURATION) DAYS

(Signed) James P Bosley M.D.

Address 1701 Hollins St

Date June 6 1908

Place of Burial London Park

Date June 7 1908

Undertaker Jno B. Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 303 N. Chestnut St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna May Bare

Residence, Give Street and Number, 303 N Chestnut St.

Duration of Residence in Baltimore, 2 mos

C12727

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 1 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Chas Bare

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Hanna Lee

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N Chas Bare

(Address) 303 N Chestnut

Filed 6/7 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 5 1908

I HEREBY CERTIFY, That I attended ~~deceased~~ did not from ~~190~~ to ~~190~~

that I ~~last saw h~~ alive on 190

and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

Ill about 24 hrs (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) W. S. Kelly, Coroner M. D.

Address 1639 Broadway

Date June 8 1908

Place of Burial Towson Md

Date June 7th 1908

Undertaker R A Ellicott

Address 506 Rogers Ave

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 330 S Smallwood St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Katherine M Graff.

{ Residence, if in Baltimore, Give Street and Number. } 330 S Smallwood.

Duration of Residence in Baltimore. 52 Years.

C12728

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH — — 1—

AGE 70 years — months — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Neumann

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Graff

(Address) 330 S Smallwood

Filed 6/7 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5, 190 8

I HEREBY CERTIFY, That I attended deceased from May 20, 1908 to June 5, 1908

that I last saw h— alive on June 5, 1908

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro Pulmonale.

(DURATION) 3 months.

Contributory (Primary) Heart Failure

(DURATION) 2 DAYS

(Signed) W. W. Wilson M.D.

Address 330 S Holland St

Date June 6, 1908

Place of Burial London Park Cemetery

Date JUN 8 1908 190

Undertaker George A Gerber

Address 14 S Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Viola Laura Plummer

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Since Apr. 18, '08. C12729

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: May 31, 1907

AGE: 1 years, months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Washington.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. H. Haviland

(Address) 1128 Hyatt Ave

Filed 6/7 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 30 1908 to June 6 1908 that I last saw h[illegible] alive on June 6 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolyn St.

Date June 7, 1908

Place of Burial Washington D. C.

Date June 8 1908

Undertaker Alex Hensley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12730

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1036 Stockton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name, Infant of Julia Penn

{ Residence, if in Baltimore, Give Street and Number. } 1036 Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Colored

DATE OF BIRTH: May 24th 1908

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Robt. Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Penn

BIRTHPLACE OF MOTHER (State or country): At Marys Co.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Penn

(Address) 1036 Stockton St.

Filed 6/7 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 7th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... m. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) DAYS

Contributory (Primary.) Premature (one

7) (DURATION) DAYS

(Signed) Allan Baldwin M.D.

Address 700 Eq. Av. (Canton)

Date June 9th 1908

Place of Burial St Peters

Date June 11 1908

Undertaker Lafrance & Wright

Address 1364 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Ch. No. 101 Registered No. 6123

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 407 W. Hoffman St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza A. Bird

{ Residence, if in Baltimore, Give Street and Number. } 407 N. Hoffman

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Andrew Schutsachs

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophia a Allender

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Annie Bird

(Address 407 Hoffman St

Filed 6/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1908 to June 5 1908 that I last saw her alive on June 4 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hepatic Carcinoma

6 Mos. (DURATION) DAYS

Contributory (Primary.) age

(DURATION) DAYS

(Signed) Dan'l Lamb M.D.

Address 712 Park ave

Date June 7 1908

Place of Burial Mt. Olivet

Date June 7th 1908

Undertaker J. E. Hough Co

Address 1422 Eutaw

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

138

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 N Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Petroma

{Residence, if in Baltimore, Give Street and Number.} 521 N Lombard

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE About 26 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) N. S. Fink

Filed 6/7 1908 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to June 6 1908 that I last saw h alive on June 6 1908 and that death occurred, on the date stated above, at 1.35 a m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Embolism

(DURATION) DAYS

Contributory (Primary.) Pregnancy

(DURATION) DAYS

(Signed) William H. Thomas M.D.

Address University Hospital

Date June 6 1908

Place of Burial St Alphonsus

Date June 8th 1908

Undertaker N. S. Fink

Address 2118 N Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B 123

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julius Ropes

{Residence, if in Baltimore, Give Street and Number.} Huntington Ave

Duration of Residence in Baltimore. 6 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): U. S. Unknown

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U. S. Marine Hospital

Filed 6/7 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 6 1908 that I last saw him alive on June 6 1908 and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis & Pyelitis

(DURATION) unknown DAYS

Contributory (Primary) Hypertrophy Prostate

8 hours (DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U. S. Marine Hospital

Date June 7 1908

Place of Burial Laurel Cemetery

Date June 7 1908

Undertaker W. E. Taylor

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

108

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Loyd Shockley

1 day

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 12734

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 28 1907

AGE — years, 7 months, 10 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Greensboro Md

FULL NAME OF FATHER C. Bernard Shockley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mamie E. Cook

BIRTHPLACE OF MOTHER (State or country) Del.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C Bernard Shockley

(Address) Greensboro Md

Filed 6/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to June 7 1908

that I last saw h— alive on June 7th 1908,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

(DURATION) 5 DAYS

Contributory (Primary) Shock

(operation) 4 hours (DURATION) DAYS

(Signed) H. H. Roberts M.D.

Address University Hosp.

Date June 7th 1908

Place of Burial Greensboro Md Carroll Co

Date June 8 1908

Undertaker Jno B. Cook

Address 1003 E Balto St

To be removed to 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C12735

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 443 Lorraine Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm B. Buckingham
Buckingham

{Residence, if in Baltimore, Give Street and Number.} 443 Lorraine Ave

Duration of Residence in Baltimore. Eight Years,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) not Known

FULL NAME OF FATHER not Known

BIRTHPLACE OF FATHER (State or country) not Known

MAIDEN NAME OF MOTHER not Known

BIRTHPLACE OF MOTHER (State or country) not Known

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C A Hillsinger

(Address) Ellicott City Md

Filed 6/8 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 6th 1908

that I last saw him alive on June 6th 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Pearce M.D.

Address 1235 Greenmount Ave

Date June 6th 1908

Place of Burial Mt View Cemetery Howard Co.

Date June 8th 1908

Undertaker Stephen Hillsinger & Son

Address Ellicott City Md.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12736 Registered No.

77

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Brown

{Residence, if in Baltimore, Give Street and Number.} 250 Duncan alley.

Duration of Residence in Baltimore.

C12736

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 3 3 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Benjamin Brown

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER: Susen Colson

BIRTHPLACE OF MOTHER (State or country): State Va

OCCUPATION OF DECEASED: Labarer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florance Brown

(Address) 250 Duncan al

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 th 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 4 1908.

that I last saw h alive on June 4 1908,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Toxaemia

(Symptoms of tetanus developed 7 days after accidental puncture of foot by nail.) (DURATION) DAYS

Contributory (Primary.) Tetanus

(DURATION) 3 DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Caroline St

Date 6/4 1908

Place of Burial Laurel Cemetary

Date 8 June 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

0/1

Ward ..... Registered No. B 137

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Micklock.

{ Residence, if in Baltimore, Give Street and Number. } 1427 Richardson St.

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1908

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to June 5 1908 that I last saw her alive on June 5 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal infection following miscarriage

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm. Schmidt M.D.

Address Balto. City Hosp.

Date June 6 - 1908.

Place of Burial JOHNS HOPKINS HOSPITAL JUN 6 - 1905

Date JUN 6 - 1905 190 ....

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

110

Ward ..... Reg. ...

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1717 Druid Hill ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances F Barnes

{Residence, if in Baltimore, Give Street and Number.} 1717 Druid Hill ave.

Duration of Residence in Baltimore. about 3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown Howell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mollie Howell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Lunatic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Barnes

(Address) 1717 Druid hill ave.

Filed 6/8 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1905

I HEREBY CERTIFY, That I attended deceased from ~~m~~ June 6 1905 ~~to~~ 1905

that I last saw h~~er~~ alive on June 6 1905,

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

..... (DURATION) ..... DAYS

Contributory (Primary.) acute indigestion

a few day (DURATION) ~~DAYS~~

(Signed) J. F. Thennell M.D.

Address 2226 Madison ave.

Date June 6, 1905

Place of Burial Mt Olivet Cemetery

Date June 8 1905

Undertaker Wm J Johnson & Co.

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1602 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Londee

{Residence, if in Baltimore, Give Street and Number.} 1602 Baker st

C12739

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 22 1827
AGE	80 years, 11 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	Paul Londee
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Londee

(Address) 1602 Baker St

Filed 6/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1908

I HEREBY CERTIFY, That I attended deceased from May 29 1908 to June 7 1908 that I last saw h[illegible] alive on June 7 1908, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Senile debility

(DURATION) DAYS

Contributory (Primary.)

Coma. (DURATION) 4 DAYS

(Signed) L. F. Frey M.D.

Address 2466 Druid Hill Av

Date June 7th 1908

Place of Burial New Cathedral

Date June 10th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VI

C12740

50

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Fisher

{Residence, if in Baltimore, Give Street and Number.} Kent Island Md

Duration of Residence in Baltimore. One month and five days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: William Stanley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Nobley

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Fisher

(Address) Kent Island Md

Filed 6/8 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1908

I HEREBY CERTIFY, That I attended deceased from April 30 1908 to June 5 1908

that I last saw her alive on June 5 1908

and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Diabetic gangrene of right foot (DURATION) 2 mos. DAYS

(Signed) Frank A Bayne M.D.

Address University Hospital

Date June 6 1908

Place of Burial Kent Island Md Allentown Co

Date June 8 1908

Undertaker Geo H Hoope

Address 609 Little Paca St

Dove Point Walk

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12741

City of Baltimore, (No. 1014, Compton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin Burolin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. (Month) 5 (Day) 1907 (Year)

AGE: ..... years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Burolin

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Getz.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Wurster

(Address) 1014 Compton St

Filed 6/8 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 8th 1908 to June 8th 1908

that I last saw him alive on June 6th 1908,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Broncho-pneumonia

(DURATION) 30 DAYS

Contributory Whooping cough

(DURATION) 6 Wks DAYS

(Signed) Jennie G. Bruno M. D.

June 8 1908 (Address) 1223 S Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: June 8 1908

UNDERTAKER: F. A. Krauser Bro

ADDRESS: 703 Hanover

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12742

City of Baltimore, (No. 2010, E Federal St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie Rosemond Geller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: Nov. (Month) 14 (Day) 1904 (Year)

AGE: 3 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Geller

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie R. Brady

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Geller

(Address) 2010 E. Federal St.

Filed 6/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 7 1908 that I last saw her alive on June 7 1908, and that death occurred, on the date stated above, at 2.15 P. M. The CAUSE OF DEATH was as follows:

Scarlet Fever

about (DURATION) 14 DAYS

Contributory Exhaustion (DURATION) 14 DAYS

(Signed) A. D. Macdonald M. D.

June 7 1908 (Address) 1640 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: June 8 1908

UNDERTAKER: A. Fink & Son

ADDRESS: 716 N. Gay St.

1 P. M.

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12743

Registered No. B

City of Baltimore, (No. 1334 Augusth St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles H. Talbott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White.

DATE OF BIRTH: ——— (Month) 1 (Day) ——— (Year)

AGE: 40 years, 6 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Chas A Talbott.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Emily Hutchinson

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Talbott

(Address) 1334 Augusth St.

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to June 6 1908 that I last saw h im alive on June 6 1908, and that death occurred, on the date stated above, at 5 45 P.M. The CAUSE OF DEATH was as follows:

Consumption.

One Year (DURATION) DAYS

Contributory (DURATION) DAYS

Signed Francis D. McCarran M. D.

June 8 1908 (Address) 416 E. Northam

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence (

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount.

DATE OF BURIAL: June 9th 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E North av.

WM. J. C. DULANY CO., BALTIMORE.

acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C12744 Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 2009 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Luzius

{Residence, if in Baltimore, Give Street and Number.} 2009 McCulloh st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Feby 10 1857

AGE: 51 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Luzius

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Glaser

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Bank Teller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Milton Luzius

(Address) Edmonson & 19th st

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to June 1908 that I last saw him alive on June 6 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Cancer of the Stomach

(DURATION) 7 months

Contributory (Primary.)

Heart Failure (DURATION) 1 DAY

(Signed) Julius Friedmeier M.D.

Address 1013 N Charles

Date June 9 1908

Place of Burial London Park Cemetery

Date June 9 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Heighes

{Residence, if in Baltimore, Give Street and Number.}

C12745

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: col.
DATE OF BIRTH: 1	
AGE: 38 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 4 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to June 4 1908

that I last saw h alive on June 4 1908,

and that death occurred, on the date stated above, at 10 45 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Bay View

Date June 3 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 6 - 1905 190

Undertaker G. L. Shirley

Address 931 N. Mount St.

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

116

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

43

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12746

Registered No. B.....

City of Baltimore, (No. 146 Lakewood Ave., St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbra Zizwarek.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 27 (Day) 1837 (Year)

AGE: 70 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: (Unknown) Zizwarek.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Lady.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son in law.

(Address) 146 Lakewood Ave

Filed 6/8 1908

HARRY O. ADAMS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July, 1907 to June 6 1908, that I last saw h.. alive on June 5th 1908, and that death occurred, on the date stated above, at 6, A. M. The CAUSE OF DEATH was as follows:

Cancer of breast.

2 years. (DURATION) — DAYS

Contributory Exhaustion

(DURATION) — DAYS

(Signed) J Selchofsk M. D.

June 6th 1908 (Address) 1400 First Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: 6/8 1908

UNDERTAKER: J Henry & Son

ADDRESS: 2008 Orleans St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 921 Amity St Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Valda Jones

{ Residence, if in Baltimore, Give Street and Number. } 921 Amity St Court

Duration of Residence in Baltimore. 40 years C12747

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Norfolk Va

FULL NAME OF FATHER Virginia

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Hodcarrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rosetta Haynes

(Address) 921 Amity St Court

Filed 6/8 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw him alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) P S Martin M.D.
Coroner

Address

Date June 6 1908

Place of Burial Mt Auburn

Date June 8 1908

Undertaker Alfred J. Friend

Address 1516 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Ward C12748

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 W. McDonough St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Daniel Moore

{ Residence, if in Baltimore, Give Street and Number. } 1116 W. McDonough

Duration of Residence in Baltimore. 50 Years C12748

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W
DATE OF BIRTH: May 4 1840	
AGE: 67 years, — months, — days	
~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: Daly Moore	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Shoemaker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Moore

(Address) 1116 W. Donough

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1908

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to June 6 1908 that I last saw h— alive on June 6 1908, and that death occurred, on the date stated above, at ....

M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Geo J. Young M.D.

Address 1735 N. Broadway

Date June 8 1908

Place of Burial Holy Cross

Date June 10 1908

Undertaker Robt J. Turner

Address 1422 W. Fayette

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C12749 Registered No. B 118

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 E. Lex Penitentiary Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franklin L. Howell

{ Residence, if in Baltimore, Give Street and Number. } 33 West North Ave, Balto, Md.

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 30 1884

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md Balto

FULL NAME OF FATHER: John H Howell

BIRTHPLACE OF FATHER (State or country): Md Balto

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md Balto

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Howell

(Address) 33 W. North Ave

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 — 1908

I HEREBY CERTIFY, That I attended deceased from May 27 - 1908 to June 7 1908 that I last saw h[e] alive on June 7 1908, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 9 DAYS

Contributory (Primary.) Appendicitis

(DURATION) 4 DAYS

(Signed) Harry L. Homer, M.D.

Address ... Union Protestant Infirmary

Date June 7 - 1908

Place of Burial Black Rock

Date June 9 - 1908

Undertaker Robt J Kenney

Address 1XX22 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1623 Entaw Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name D. Stroud De Witt

{Residence, if in Baltimore, Give Street and Number.} 1623 Entaw Place

C12750

Duration of Residence in Baltimore. 5 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 4 1852

AGE 55 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Stanhope N.J.

FULL NAME OF FATHER Levi De Witt

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Cordelia Cross

BIRTHPLACE OF MOTHER (State or country) Milford Pa

OCCUPATION OF DECEASED Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. W. L. Shaw

(Address) Baltimore Md.

Filed 6/8 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 6 1908

that I last saw him alive on June 6 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ingestion due to malig
& Gen. nourishment

(DURATION) DAYS

Contributory (Primary.) Cancer of Stomach
(Pylorus) about (DURATION) 365 DAYS

(Signed) M. F. Foster M.D.

Address Roland Park Md

Date June 6 1908

Place of Burial United Rides

Date June 8th 1908

Undertaker G. F. Waltemeyer

Address 123 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Ward C12751

CERTIFICATE OF DEATH. 40

(Place of Death.) No. 711 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel L Bange

{ Residence, if in Baltimore, Give Street and Number. } 711 W. Cross. C12751

Duration of Residence in Baltimore 38 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Oct 10th 1843
AGE	64 years, 7 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Philip Bange.
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Johanna Kremer.
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emilie L Bange

(Address) 711 W. Cross St.

Filed 6/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1908

I HEREBY CERTIFY, That I attended deceased from October 12th 1907 to June 6th 1908 that I last saw h[illegible] alive on June 6th 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

8 Months (DURATION) DAYS

Contributory (Primary.)

Prostration (DURATION) 4 DAYS

(Signed) Chas L. Buddenbaugh M.D.

Address 418 S. Paca St.

Date June 8th 1908

Place of Burial Loudon Park Cem.

Date June 9th 1908

Undertaker Jno & Jnrs John H. Teufel

Address 201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 845 Woodward St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Owen A Hartlove

{Residence, if in Baltimore, Give Street and Number.} 845 Woodward Pl.

Duration of Residence in Baltimore. Life

C12752

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 22 1871

AGE 37 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John H. Hartlove

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Annie Reed

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Walb

(Address) 844 Rimhard Pl.

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to June 5 1908 that I last saw him alive on June 5 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

6 months (DURATION) DAYS

Contributory (Primary.) asthenia

12 hours (DURATION) DAYS

(Signed) J. E. Imes M.D.

Address 855 Columbia Ave

Date June 5 1908

Place of Burial London Park

Date June 8 1908

Undertaker W. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO. BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2344 Penna Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ruth Elizabeth Benner.

{Residence, if in Baltimore, Give Street and Number.} 2344 Penna Ave

C12753

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 27th 1906.

AGE: 2 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm D Benner

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Ruth Hedrecks

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm D Benner

(Address) 2344 Penna Ave

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1908

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to June 6 1908

that I last saw her alive on June 6 1908, 6.58 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Meningitis (Tubercular)

(DURATION) 3 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 14 mos. ~~DAYS~~

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date June 8th 1908

Place of Burial Lorraine

Date June 8 1908

Undertaker John E Stough & Co

Address 1433 Penna ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Maryland Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pierre G Gaspari

{Residence, if in Baltimore, Give Street and Number.} 420 N Carrollton Ave

C12754

Duration of Residence in Baltimore. over 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): France

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: Tobacco Mer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. G. Gaspari Jr.

Address 420 N. Carrollton Ave.

Filed 6/8 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1908

I HEREBY CERTIFY, That I attended deceased from June 4th 1908 to June 7 1908 that I last saw h in alive on June 7 1908, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate

Pulm Tuberculosis

Several years (DURATION) — DAYS

Con ributory (Primary)

Ch Nephritis (DURATION) 1 DAYS

(Signed) Duncan MacLennan M.D.

Address 1107 Madison Ave

Date June 7. 1908 1908

Place of Burial New Cathedral Cem

Date June 9 = 1908

Undertaker E. W. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1922 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Eckert Meister

{ Residence, if in Baltimore, Give Street and Number. } 1922 O'Donnell St.

Duration of Residence in Baltimore. 50 yrs C12755

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Oct 14 1

AGE 67 years, 8 months, 22 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Eckert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Tormey (niece)

(Address) 917 Hudson St

Filed 6/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908

I HEREBY CERTIFY, That I attended deceased from about July 1907 to June 6 1908

that I last saw her alive on June 5 1908

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

(DURATION) 1 hr DAYS

Contributory (Primary.) Cardiac Dilatation (DURATION) 2 yrs DAYS

(Signed) W. W. Mayer M.D.

Address Canton Hospital

Date June 6 1908

Place of Burial Western Cemetery

Date June 8th 1908

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 406 S Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Smith.

{Residence, if in Baltimore, Give Street and Number.} 406 S Caroline.

Duration of Residence in Baltimore. 16 yrs.

C12756

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	1
AGE	22 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Pa.
FULL NAME OF FATHER	Jerome Swartwood
BIRTHPLACE OF FATHER (State or country)	Pa.
MAIDEN NAME OF MOTHER	Annie Rudolph
BIRTHPLACE OF MOTHER (State or country)	Pa.
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Swartwood

(Address) 406 S. Caroline

Filed 6/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908.

I HEREBY CERTIFY, That I attended deceased from January 1 1908 to June 6 1908 that I last saw her alive on June 6 1908, and that death occurred, on the date stated above, at 12 Noon.

I. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 1 DAYS

Contributory (Primary.) Acute Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) M. Allenberg M.D.

Address 742 W. Fayette St.

Date June 8th 1908.

Place of Burial Trinity Cem.

Date June 9th 1908

Undertaker Wendell Lippel & Bro.

Address 330 S. Bond st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

150 E

(Place of Death.) No. 40 S. Eden St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Eugene Chitos

{ Residence, if in Baltimore, Give Street and Number. } 401 Eden

Duration of Residence in Baltimore. Life C12757

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH June 6 1905

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Eugene Chitos

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Lucy Chitos

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Chitos

(Address) 721 Eastern Ave.

Filed 6/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to June 8 1908

that I last saw h— alive on June 8 1908,

and that death occurred, on the date stated above, at 11

M. CAUSE OF DEATH (Secondary or Immediate)

Non Closure Forceps
or Ile

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Js Valentine M.D.

Address 161 Bradley

Date June 8 1908

Place of Burial St. Vincent Cem.

Date June 8th 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LI

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1328 Wirt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Quantania A Forestell

Residence, Give Street and Number, St. Marys, Co. Md.

Duration of Residence in Baltimore, 31 years

C 12758

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 6 1876

AGE: 31 years, 6 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: John Maguire

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Ellen Williams

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lauer E. Forestell

(Address) 1328 Wirt St.

Filed 6/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: June 7, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 27 1908 to June 7 1908 that I last saw her alive on June 7 1908 and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Toxaemia

(DURATION) 60 DAYS

Contributory (Primary) Uterine Carcinoma (DURATION) (?) DAYS

(Signed) J. H. Mitnick M. D.

Address 513 N Paca St.

Date June 7 1908

Place of Burial St Peters

Date June 8 1908

Undertaker C. A. Weidefeld

Address 211 S. Fountain Row Ave.

Remarks

HEALTH DEPARTMENT, CITY OF BALTIMORE.

106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12759

Registered No. B

City of Baltimore, (No. 30, E, 20th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis P. Le Faivre

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February (Month) 24th (Day) 1873 (Year)

AGE: 35 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Gustave J. Le Faivre

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Ann Phelan

BIRTHPLACE OF MOTHER (State or country): Waterford, Ireland

OCCUPATION OF DECEASED: Draftsman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louis P. Le Faivre

(Address) Cherry Ave, Towson, Md

Filed 6/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 6th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to June 6th 1908

that I last saw him alive on June 6 1908,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Chronic Diarrhoea & Ulceration of Rectum

(DURATION) 10 years DAYS

Contributory Asthma

(DURATION) DAYS

(Signed) Henry T. Reynolds M. D.

June 8th 1908 (Address) 2004 St. Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: June 9 1908

UNDERTAKER: E. A. Kidgfield Jr & Son — ADDRESS: 211 3

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

111

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 N Front street St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant of Charles & Stella Hulse

{ Residence, if in Baltimore, Give Street and Number. }

C12760

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: June 6th 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles Hulse

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Estelle Dougherty

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B.B. Lanier.

(Address) 27 W Chase st

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th 1908

409 Front st

I HEREBY CERTIFY, That I attended deceased from June 6th 1908 to June 7th 1908 that I last saw him alive on June 7th 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Miscarriage

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) B.B. Lanier M.D.

Address 27 W Chase st

Date June 8th 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date JUN 8 - 1905 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phil Clark

{ Residence, if in Baltimore, Give Street and Number. }

C12761

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: Unknown 65 about years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from June 2 1908 to June 8 1908

that I last saw h ~~im~~ alive on June 8 1908,

and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date June 8 1908

Place of Burial

Date 190

Undertaker G. L. Hurley

Address 931 N. Mount St.

BAY VIEW ASYLUM. JOHNS HOPKINS HOSPITAL JUN 9 1905 FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 N Caltvorm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Taylor

{ Residence, if in Baltimore, Give Street and Number. } 1133 N Caltvorm St

C 12762

Duration of Residence in Baltimore. One year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Jones

(Address) 1133 N. Caltvorm St.

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Three weeks (DURATION) ..... DAYS

Contributory (Primary.) Rheumatism

(DURATION) ..... DAYS

(Signed) Arian Baldwin M.D.

Address 700 Log. Av. (Carroll)

Date June 6th 1908

Place of Burial Laurel Md

Date June 9th 1908

Undertaker Sam'l H. Shipley & Sons

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 12263

City of Baltimore, (No. 1007 E. Baetz St., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles H. Boone,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White

DATE OF BIRTH: May 21 01 1907 (Month) (Day) (Year)

AGE: 1 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: James P. Boone

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Elizabeth Hagerty.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father.

(Address) 2414 E Monument St

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK.] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 7th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to June 7 1908 that I last saw him alive on June 1908, and that death occurred, on the date stated above, at 1.20 P.M. The CAUSE OF DEATH was as follows:

Acute Duodenitis
Bronco Pneumonia

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) Herbert Hulse M. D.

June 7 1908 (Address) 1007 E. Baetz St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence —

How long at Place of Death? 2 Days

Where was disease contracted, if not at place of death? Home

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	June 9 1908
UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 642 Green Willow St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Stevens

{ Residence, if in Baltimore, Give Street and Number. } 642 Green Willow St — C1276 4

Duration of Residence in Baltimore. " " "

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Stevens

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Driver — Bar Tender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Stevens (Sister)

(Address) 642 Green Willow St

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 9 . 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1908 to June 4 1908 that I last saw h[illegible] alive on June 4 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epileptiform Convulsions & mania, 10 days & 2 mos

(DURATION) DAYS

Contributory (Primary.) Tuberculosis of thigh

Pulmonary & Probably General (DURATION) tuberculosis

(Signed) M. A. Mahris M.D.

Address 1711 Madison Ave

Date June 9 1908

Place of Burial Mt. Auburn Cemetery

Date June 9 1908

Undertaker Robert F. Elliott

Address 506 Preston Ave.

WM. J. C. DULANY CO., Baltimore

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1408 Jackson pl. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas Gustav & Gertrude Gustafson

{ Residence, if in Baltimore, Give Street and Number. } 1408 Jackson pl.

Duration of Residence in Baltimore. lifetime

C12765

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	June 8 1908
AGE	— years, — months, 1 hour days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Gustav Gustafson
BIRTHPLACE OF FATHER (State or country)	Sweden
MAIDEN NAME OF MOTHER	Gertrude Wood
BIRTHPLACE OF MOTHER (State or country)	Friendship. Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav Gustafson

(Address) 1408 Jackson pl.

Filed 6/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to — 190—

that I last saw h— alive on June 8 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(Primary or Last)

5½ mos. fœtus (DURATION) 1 hour. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. P. P. Schmidt M.D.

Address 1318 N. Charles pl.

Date June 8 1908

Place of Burial Cedar Hill.

Date June 9 1908

Undertaker Edward L. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Walbrook Ave & 13th St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Richard B. Tippett 3rd

{ Residence, if in Baltimore, Give Street and Number. } Walbrook Ave & 13th St.

C 12766

Duration of Residence in Baltimore. all his life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 11th May 1907

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James Royall Tippett

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Lillian Dammann

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret F. Tippett

(Address) Walbrook Ave & 13th St.

Filed 6/9th 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7th 1908

I HEREBY CERTIFY, That I attended deceased from May 26th 1908 to June 6th 1908 that I last saw him alive on June 6th 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions - Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Ileo-colitis

(DURATION) 21 DAYS

(Signed) C. W. Mitchell M.D.

Address 1002 Cathedral St

Date June 8th 1908

Place of Burial New Cathedral Cemetery

Date June 9th 1908

Undertaker H. W. Jenkins & Sons Co

Address 306 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 853 N. Howard St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A De Vlieger

Residence, Give Street and Number, 853 N. Howard St —

Duration of Residence in Baltimore, City C12767

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White —

DATE OF BIRTH March 28th 1908

AGE — years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER John A De Vlieger

BIRTHPLACE OF FATHER (State or county) Netherland

MAIDEN NAME OF MOTHER Mary Wilcox

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John De Vlieger

(Address) 853 N Howard St

Filed 6/9" 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 7th 1908

I HEREBY CERTIFY, That I attended deceased from March 17 1908 to June 7th 1908

that I last saw h— alive on June 6 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Erysipelas

(DURATION) DAYS

Contributory (Primary) Enlargement of Glands of neck - Lymphadenitis

(DURATION) DAYS

(Signed) J. M. Talmage M. D.

Address 717 W. Franklin St

Date June 8th 1908

Place of Burial Frederick Md

Date June 9th 1908

Undertaker Martin Fahey & Sons

Address 636 Lafayette Ave

Remarks

Ward 10 C12768

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 224 S Bowers St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Hill

{ Residence, if in Baltimore, Give Street and Number. } 224 S Bowers St.

C12768

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	45 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Henry Hill
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Martha White
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha White

(Address) 2 Lit Bowers St

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 7 1908

that I last saw h[illegible] alive on Jan 6 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Unknown (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 10 DAYS

(Signed) V. L. Norwood M.D.

Address 939 or Fay Ellen St.

Date June 7 1908

Place of Burial Mt Auburn Cemetery

Date June 9 1908

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. C12769 105

(Place of Death.) No. 305 S Chapple St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Schimpf

{Residence, if in Baltimore, Give Street and Number.} 305 S. Chapple St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 19th 1907

AGE: — years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Geo Schimpf

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Maggie Schimpf

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo. Schimpf

Address 305 S Chapple St

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7, 1908

I HEREBY CERTIFY, That I attended deceased from May 3, 1908 to June 7 1908

that I last saw her alive on June 7 1908

and that death occurred, on the date stated above, at —— P.M. CAUSE OF DEATH (Secondary or Immediate

Gastero Enteritis

(DURATION) 4 Weeks DAYS

Contributory (Primary.)

Exhaustion (DURATION) 3 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date June 8, 1908

Place of Burial Mount Carmel

Date June 9-th 1908

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12770 Registered No. D

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 605 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estine Jackson

{Residence, if in Baltimore, Give Street and Number.} 605 Raborg St

Duration of Residence in Baltimore. 1 Jear C12770

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR col

DATE OF BIRTH Nov 20 1893

AGE 15 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Andrew Jackson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Susan Arnold

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Burch

(Address) 1107 Druid Hill Ave

Filed 6/9 1908

HARRY C. ANDREWS,
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Natural Causes

..... (DURATION) ..... DAYS

Con'tributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner

Date June 8 1908

Place of Burial Greenmount

Date June 9 1908

Undertaker J. H. Burch

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

60

(Place of Death.) No. 116 N. Milton ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Mc Fadden

{Residence, if in Baltimore, Give Street and Number.} 116 N. Milton ave

Duration of Residence in Baltimore. Life

C12771

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Mc Fadden

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Ritue

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lida Christie

(Address) 116 N. Milton ave.

Filed 6/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 7 1908

I HEREBY CERTIFY, That I attended deceased from march 20 1908 to June 7 1908

that I last saw him alive on 11 4 1908

and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

"Paralisis

(DURATION) 90 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 milton ave

Date June 8 1908

Place of Burial Green Mount Cem.

Date June 9 1908

Undertaker Wm C. Black

Address 223 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2316 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Rosella Rosenberger.

{ Residence, if in Baltimore, Give Street and Number. } 2316 Canton Ave

Duration of Residence in Baltimore. Life

C12772

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 4 1870

AGE: 37 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Muldoon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Sloan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Rosenberger

(Address) 2316 Canton Ave

Filed 6/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1908

I HEREBY CERTIFY, That I attended deceased from May 31 1908 to June 7 1908

that I last saw h.. alive on June 7 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis, Anaemia

(DURATION) DAYS

Con'ributory (Primary.) Premature birth

(DURATION) DAYS

(Signed) Reginald J. Tonry M.D.

Address 2206 York Road

Date June 8th 1908

Place of Burial Forest Heath Cemetery

Date June 10th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue,
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 316 S. Chapel St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John Glock

{Residence, if in Baltimore, Give Street and Number.} 316 S. Chapel St

Duration of Residence in Baltimore. 50 yrs

C12773

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept. 6th 1835
AGE	72 years, 9 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Robinson

(Address) 3168 Chapel St.

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6, 1908

I HEREBY CERTIFY, That I attended deceased from May 30, 1908 to June 6 1908

that I last saw h im alive on June 6 1908

and that death occurred, on the date stated above, at 11P M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Exhaustion

about 1½ yrs (DURATION) DAYS

Con'ributory (Primary)

Cardiac Exhaustion (DURATION) 4 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough St

Date June 8, 1908

Place of Burial Mt. Carmel Cemetery

Date June 9th 1908

Undertaker H. GARDNER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1513 Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Morris

{ Residence, if in Baltimore, Give Street and Number. } 1513 Clement St

C 12774

Duration of Residence in Baltimore. 49 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1st 1832

AGE: 75 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wales

FULL NAME OF FATHER: Thomas Morris

BIRTHPLACE OF FATHER (State or country): Wales

MAIDEN NAME OF MOTHER: Margaret Owens

BIRTHPLACE OF MOTHER (State or country): Wales

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Morris

(Address) 1513 Clement St.

Filed 6/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 June 1908

I HEREBY CERTIFY, That I attended deceased from 3rd June 1908 to 6th June 1908

that I last saw him alive on 6th June 1908

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

3 (DURATION) DAYS

Con'ributory (Primary.) Adage

(DURATION) DAYS

(Signed) James Lopez M.D.

Address 1322 Hull St

Date 8 June 1908

Place of Burial Mt Carmel Cemetery

Date June 9th 1908

Undertaker H. SANDER & SONS

Address 1708-1710 Canton Avenue
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 Registered No. D

CERTIFICATE OF DEATH. 112

(Place of Death.) No. 414 E. 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Ward

{Residence, if in Baltimore, Give Street and Number.} 414 E 25" St.

Duration of Residence in Baltimore. 25 yrs C 12775

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 16 1839

AGE: 68 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: James Ward

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Elizabeth Ward

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Insurance agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Milton Ward

(Address) 414 E 25" St

Filed 6/9 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to June 8 1908 that I last saw h in alive on June 5 1908 and that death occurred, on the date stated above, at 12.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 6 DAYS

Con'tributory (Primary.) Cirrhosis of Liver Several months (DURATION) DAYS

(Signed) Geo R Graham M.D.

Address 725 Columbia ave

Date June 8 1908

Place of Burial London Park

Date June 10th 1908

Undertaker E. Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 932 Vincent alley Charlotte St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name ~~Charles~~ Braun / Brown

{ Residence, if in Baltimore, Give Street and Number. } 932 Vincent alley

C12776

Duration of Residence in Baltimore. 32 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Pat Matthews

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House-Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pete Matthews

(Address) 932 Vincent st

Filed 6/9 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1908

I HEREBY CERTIFY, That I attended deceased from January 11 1908 to June 6 1908

that I last saw h[illegible] alive on June 6 1908

and that death occurred, on the date stated above, at 10½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma Laryngis

Consumed

5 months (DURATION) 10 DAYS

Contributory (Primary.) Heart

5 months (DURATION) 10 DAYS

(Signed) Dr G W Leonard M.D.

Address 708 Ensor st

Date June 7 1908

Place of Burial Mt Auburn

Date June 9 1908

Undertaker Wm J Johnson

Address 614 E Baker st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 2439 Eager Place St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Parr

{ Residence, if in Baltimore, Give Street and Number. } 2439 Eager Place

Duration of Residence in Baltimore... 68 years. C12777

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 2 1832

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Porle

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Parr

(Address) 2439 Eager Place

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908

I HEREBY CERTIFY, That I attended deceased from May 21 1908 to June 9 1908

that I last saw h.e alive on June 8 1908,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Shock following Age.

Old age.

(DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) Wallace F. White M.D.

Address 1101 N. Broadway

Date June 9th 1908

Place of Burial Walpholes

Date June 10 '08 190 ...

Undertaker Lowe Corp

Address 5026 Harford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

179

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

2-

DEATH

r 1907

ended deceased from

190

190 ,

ated above, at

lary or Immediate)

RATION) DAYS

URATION) DAYS

M.D.

ene St.

190

eather

190

Son

2-

134

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 Milton Place. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Hennessy

{ Residence, if in Baltimore, Give Street and Number. } 934 Milton Place

C 12778

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — — 1 —

AGE 63 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Fred. Lillenthal

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton Hennessy

(Address) 934 Milton Place

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to June 8th 1908

that I last saw h alive on June 7th 1908

and that death occurred, on the date stated above, at 12½ a. m. CAUSE OF DEATH (Secondary or Immediate)

General Debility

Asthenia & Cardiac Failure

(DURATION) 150 DAYS

Contributory (Primary) Age

(DURATION) DAYS

(Signed) John J McCarthy M.D.

Address 656 W Franklin St

Date June 8th 1908

Place of Burial London Park

Date June 10 1908

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13779

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 600 of Carlins & Lombard St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Simon Strobel

{ Residence, if in Baltimore, Give Street and Number. } 1401 E Baltimore st-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Michael Strobel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Victoria Reindl

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Strobel

(Address) 323 S. Collington

Filed 6/9 190 8

HARRY C. ANDR[illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 = 190 8

I HEREBY CERTIFY, That I attended deceased from

—— 190 .. to — 190 ..

that I last saw h .. alive on .. 190 .., and that death occurred, on the date stated above, at ..

..M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

.. (DURATION) DAYS

Contributory (Primary.)

.. (DURATION) DAYS

(Signed) Thomas Linden M.D.

Address 320 N Greene St.

Date .. 190 ..

Place of Burial Holy Redeemer

Date June 10th 1908

Undertaker W. Dippel & Son

Address 330 S. Bond -

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12780

City of Baltimore, (No. 1738 Mc Cubbin St.; (Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Jacob Ellison

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Martha Ellison

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: I ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Churchill

(Address) 1738 McCubbin

Filed 6/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 7 1908

that I last saw h— alive on June 6 1908

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

General Debility —

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Walter A. Wilkes M. D.

June 7 1908 (Address) 1101 Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: June 9 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 516 Rogers

WM. J. C. DULANY CO., BALTIMORE

Ward 15

CERTIFICATE OF DEATH.

54

(Place of Death.) No. Balto. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Klein. (Klein)

{Residence, if in Baltimore, Give Street and Number.} 2120 Callow Ave.

C 12781

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Neubauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Fanny Hecht

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Neubauer

(Address)

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to June 8 1908 that I last saw h er alive on June 8 1908, and that death occurred, on the date stated above, at 4 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) Wm Schmidt M.D.

Address City Hosp.

Date June 8 08 1908

Place of Burial Shells Point Cemet

Date June 10th 1908

Undertaker J. Ahrens Co.

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarissa Thompson

{Residence, if in Baltimore, Give Street and Number.} 611 West Lanvale Street

C12782

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Thompson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Katie Garrett

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Garrett

(Address) 611 W. Lanvale St.

Filed 6/9 1908

HARRY G. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from May 10 1908 to June 9 1908 that I last saw her alive on June 9 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tubercu-
losis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. S. Clough M.D.

Address Johns Hopkins Hosp.

Date June 9 1908

Place of Burial Laurel Cemetery

Date June 10th 1908

Undertaker Felix Rose

Address 112 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant of John O & Edith Brown

{ Residence, if in Baltimore, Give Street and Number. } 1 W. 11

C12783

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: June 6 1908

AGE: — years, — months, 2 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John O. Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Edith Lane

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O. Brown

(Address) 1136 N. Stockton

Filed 6/9 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 8, 1908

I HEREBY CERTIFY, That I attended deceased from June 6, 1908 to June 8 1908 that I last saw h— alive on June 7, 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. O. Smith Jr M.D.

Address Johns Hopkins Hosp

Date June 8 1908

Undertaker Amt Burial Co

Place of Burial Fair Haven ~~Talbot Co~~ Md

Date June 10 1908

Undertaker Sam'l H. Glass & Son

Address 1400 Washington Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edith Brown

{ Residence, if in Baltimore, Give Street and Number. } 1136 Stockton Street

Duration of Residence in Baltimore. 4 years C12784

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Henry Lane

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Harvey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. D. Brown

(Address) 1136 N. Stockton St

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7" 1908

I HEREBY CERTIFY, That I attended deceased from June 6" 1908 to June 7 1908

that I last saw her alive on June 7 1908,

and that death occurred, on the date stated above, at 2 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Eclampsia.

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. T. Smith, Jr. M.D.

Address Johns Hopkins Hospital

Date June 7 1908

Place of Burial Fair Haven Cemetery Anne Arundel Co. Md

Date June 10 1908

Undertaker Sam'l N. Chase Inc

Address 1400. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Samuel J. Gamble

{ Residence, if in Baltimore, Give Street and Number. } Home Jacksonville, Fla.

C12785

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 29 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Florida

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stewart & Mowen Co

(Address) 215 Park Ave

Filed 6/9 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1908

I HEREBY CERTIFY, That I attended deceased from May 24 1908 to June 9 1908

that I last saw h— alive on June 9 1908

and that death occurred, on the date stated above, at 11.45 a M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Peritonitis

Rupture of Rectum

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) W S Gatch M.D.

Address John Hopkins Hospital

Date June 9 1908

Place of Burial Jacksonville Florida

Date June 9th 1908

Undertaker Stewart & Mowen Co

Address 215 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 14 S. Regester St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name George Wilson

{Residence, if in Baltimore, Give Street and Number.} 14 S. Regester St.

Duration of Residence in Baltimore. Life

C12786

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 10 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Moore

(Address) 14 S Regester St

Filed 6/9 190 8

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 8th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Turner M.D.

Address 320 N Greene St

Date ..... 190 .....

Place of Burial Laurel Cemetery

Date June 10 190 8

Undertaker Theodore White

Address 1702 Eoaf St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12787

Registered No. B.....

City of Baltimore, (No. 1214, Madison ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Ames Malm (Malm)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr. (Month) 22 (Day) 1908 (Year)

AGE: ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Oliver N. Malm

BIRTHPLACE OF FATHER (State or country): Stockholm, Sweden

MAIDEN NAME OF MOTHER: Bessie V. Crafts

BIRTHPLACE OF MOTHER (State or country): Holyoke, Mass.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver N. Malm

(Address) 1214 Madison ave.

Filed 6/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 9 1908 to June 9, 1908

that I last saw h[illegible] alive on ..... 190....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Death occurred between 5 and 8 A.M. Oclock - Was dead When called in.

Cause of death:-

Congenital debility (DURATION) 1 DAYS

~~Contributory~~ ..... (DURATION) ..... DAYS

(Signed) Wm. M. Brunebaker M. D.

June 9th 1908 (Address) 1209 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: June 10 1908

UNDERTAKER: Jno B. Cook

ADDRESS: 1003 W Balto St.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gregory Blake

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

C12789

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: May 20 1908

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy

(Address)

Filed 6/9 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) J. S. Fiske M.D.

Address 9. E. Biddle St.

Date June 9 1908

Place of Burial New Cathedral

Date June 9 1908

Undertaker Martin Grabel & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Jefferson

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

C 12788

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C.

DATE OF BIRTH 1908

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 6/9 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 7 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h..... alive on ..... 190 ....

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J.S. Finlen M.D.

Address 9 E. Biddle St.

Date June 9th 1908

Place of Burial New Cathedral

Date June 9 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name George Joyce (Joyce)

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life C12790

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 6/9/08 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) .....

Contributory (Primary.)

..... (DURATION) .....

(Signed) J. B. Finlen M. D.

Address 9. E. Biddle St.

Date June 9th 1908

Place of Burial New Cathedral

Date June 9

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 305 Forrest - (West) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Emmich

{ Residence, if in Baltimore, Give Street and Number. } 305 Forrest St. West

C 12791

Duration of Residence in Baltimore... 30 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: white
DATE OF BIRTH: January, 2d 1856.	
AGE: 52 years, 5 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: unknown	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: unknown	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. Emmich

(Address) 305. Forrest St. W.

Filed 6/9 1908 HARRY C. ANDREAE Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June, 8th 1908

I HEREBY CERTIFY, That I attended deceased from June, 3d 1908 to June 8th 1908

that I last saw her alive on June 8th 1908,

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suffered from dropsy caused by Sclerosis of liver and complications (DURATION) 49 DAYS

Contributory (Primary.) Coma set in during last (DURATION) 2 DAYS ending in death

(Signed) P. Hendrick M.D.

Address 2151. Wilkens Ave

Date June, 9th 1908

Place of Burial Western Cemetery

Date June 10. June 1908

Undertaker C. W. Dill

Address 810 Fredk ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 320 Albemarle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rose Cavaliere (Cavaliere)

Residence, if in Baltimore, Give Street and Number. 320 Albemarle

Duration of Residence in Baltimore. Life C12792

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH	1
AGE	1 years, 1 months, 2 days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	S.
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Miguel Cavaliere
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Maria Rosina
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miguel Cavaliere

(Address) 320 Albemarle St.

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to June 8 1908 that I last saw h-r alive on June 8 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 E Baltimore

Date June 8 1908

Place of Burial St. Vincents Cem.

Date June 10th 1908

Undertaker Mudell Lipkes & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George I. Eagleston

{ Residence, if in Baltimore, Give Street and Number. } 123 S. Bond st

Duration of Residence in Baltimore. Life

C 12793

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 1 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Walter S. Eagleston

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Barbara Smith

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter S. Eagleston

(Address) 123 S. Bond st

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 7 1908

I HEREBY CERTIFY, That I attended deceased from May 11, 1908 to June 7 1908 that I last saw him alive on June 7 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro. Pneumonia

about (DURATION) 7 Wks DAYS

Contributory (Primary) Exhaustion, (DURATION) 2 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough st

Date June 8 1908

Place of Burial Baltimore Cem.

Date June 10th 1908

Undertaker Arnold Lipsel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stephen A Lawson

{Residence, if in Baltimore, Give Street and Number.} Church Home & Infirmary.

C12794

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1836	
AGE: 72 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Stephen A. Lawson
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Ann Slatter
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. E. Buffington

(Address) Church Home & Infirmary

Died 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 8 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to June 8 1908 that I last saw him alive on June 8 1908, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile debility

(DURATION) DAYS

Con'tributory (Primary.) Tabes dorsalis.

(DURATION) DAYS

(Signed) Charles K. Stutemeuch M.D.

Address Church Home & Infirmary

Date June 9 1908

Place of Burial London Park Cemetery

Date June 10, 1908

Undertaker Henry W. Evans & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 S. Pulaski St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Friedericka W. Schulz

{Residence, if in Baltimore, Give Street and Number.} 26 S. Pulaski St

Duration of Residence in Baltimore. 40 years C12795

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ..... 1 .....

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dead Unknown

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Schultes

(Address) 2041 Hollander

Filed 6/9 1908 HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from June 7 1908 to June 8 1908 that I last saw her alive on June 8 1908, and that death occurred, on the date stated above, at 11.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gangrene of right leg.

(DURATION) 12 days

Contributory (Primary.) Diabetes

(DURATION) 14 days

(Signed) Asa L Wessels M.D.

Address 510 Frederick Ave.

Date June 8 1908

Place of Burial Lauden Park

Date [redacted] June 10 1908

Undertaker H. S. Frank

Address 2113 [redacted] Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report the death, within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

20

CERTIFICATE OF DEATH.

Registered No. B C12796

City of Baltimore, (No. 1008 E Lombard St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kate Dinowitz

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W
DATE OF BIRTH	July. 17 1907 (Month) (Day) (Year)
AGE	years, 10 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	Joseph Dinowitz.
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Yetta Kellum.
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Nil.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Dinowitz

(Address) 1008 E Lombard St

Filed 6/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June. (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 3rd 1908 to June 9 1908 that I last saw h[illegible] alive on June 9 1908, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Septicaemia

after vaccination - May 20th

about (DURATION) 20 DAYS

Contributory Anemia - Leucocytosis (DURATION) DAYS

(Signed) Alfred Whitehead M. D.

June 9 1908 (Address) The Altamont Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Rosedale	June 10 1908
UNDERTAKER	ADDRESS
Mont Levinson	1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John P Stiffard

{ Residence, if in Baltimore, Give Street and Number. } 1333 N. Bond

Duration of Residence in Baltimore. 39 years C12797

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH July 14 1866

AGE 41 years, ——— months, ——— days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Queen Anne Co Md

FULL NAME OF FATHER John Stiffard

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriet Staughton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Stiffard

(Address) 1333 N Bond

Filed 6/10" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to June 9 1908

that I last saw h alive on June 8 1908,

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis.

(DURATION) 30 DAYS

Contributory (Primary) Cardiac Dilatation

(DURATION) DAYS

(Signed) M. L. Gill M.D.

Address 1202 E. Monument

Date 6/9 1908

Place of Burial Dacia Cemetery

Date June 11 1908

Undertaker Gabler & Thomas

Address 1442 N. Gay

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2120 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Meyer

{ Residence, if in Baltimore, Give Street and Number. } 2120 Wilhelm

Duration of Residence in Baltimore. 40 years C12798

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR W

DATE OF BIRTH Mar 20 1834

AGE 74 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Reuter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) ✓

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Clotein

(Address) 2120 Wilhelm

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908

I HEREBY CERTIFY, That I attended deceased from May 22d 1908 to June 8th 1908 that I last saw h er alive on June 8th 1908, and that death occurred, on the date stated above, at 1 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suffered from Brights disease - passed about 3/4 pint of urine loaded with albumen when seen for (DURATION) 16 DAYS

Contributory (Primary.) Coma setting in during last (DURATION) 4 DAYS ending in death

(Signed) Jh. Needham M.D.

Address 2151. Wilkens Ave

Date June 9th 1908

Place of Burial Loudon Pk

Date June 11 1908

Undertaker Robt J Turner

Address 1442. N. Bway

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

(Place of Death.) No. 346-23½ St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Green

{Residence, if in Baltimore, Give Street and Number.} 346-23½ St.

Duration of Residence in Baltimore. Life-time C12799

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Green

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Barbara Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: nan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Bryn

(Address) 606 Rogers Av

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9, 1908.

I HEREBY CERTIFY, That I attended deceased from June 2 1908 to June 9 1908 that I last saw her alive on June 9 1908 and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General debility

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) R. H. G. Lehmeller M.D.

Address 424-East 23 St

Date June 9. 1908.

Place of Burial Laurel Cemetery

Date June 11. 1908

Undertaker R. Stefuliatt

Address 606 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 W Fayette St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Boyer De Ford

{ Residence, if in Baltimore, Give Street and Number. } 504 W Fayette St

Duration of Residence in Baltimore. 4 Weeks C12800

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George O De Ford

(Address) Rockville Md

Filed 6/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

IV CAUSE OF DEATH (Secondary or Immediate) Septic Infection following premature birth, due probably to a fall

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address

Date June 10 1908

Place of Burial Rockhall Kent Co Md

Date June 11 1908

Undertaker J Pierce

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

93

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12801

City of Baltimore, (No. 2329 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Conaway

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October (Month) 29th (Day) 1830 (Year)

AGE 2 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Isaac H. Conaway

BIRTHPLACE OF FATHER (State or country) Baltimore,

MAIDEN NAME OF MOTHER Caroline Metzdorff

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Conaway

(Address) 2329 Hanover St

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 20th 1908 to June 9 1908 that I last saw her alive on June 8 1908, and that death occurred, on the date stated above, at 12:30 A. M. The CAUSE OF DEATH was as follows:

Lobar pneumonia

(DURATION) 20 DAYS

Contributory Heart failure

(DURATION) 1 DAYS

(Signed) Jno. B. Brune M. D.

June 9th 1908 (Address) 1223 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mount Olivet | DATE OF BURIAL June 10 1908

UNDERTAKER Jos. Trunkbeck | ADDRESS 1318 Light St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2407 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Hyburnd

{ Residence, if in Baltimore, Give Street and Number. } 2407 W. Lombard

Duration of Residence in Baltimore. Life C12802

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Christopher Hyburnd

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Lee A Mathews

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lee A Mathews

(Address) 2407 W Lombard

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9, 1908

I HEREBY CERTIFY, That I attended deceased from June 6, 1908 to June 9, 1908 that I last saw h-- alive on June 8, 1908, and that death occurred, on the date stated above, at 11:00 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 2 weeks

Contributory (Primary) General debility and weakmindedness

(DURATION) DAYS

(Signed) E. A. Dickey M.D.

Address 14 N. Monroe

Date June 9, 1908

Place of Burial Western Cemetery

Date June 11 1908

Undertaker John F Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 443 E Clement St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Curley

{ Residence, if in Baltimore, Give Street and Number. } 443 E Clement St

C12803

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH — — — 1836

AGE 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Curley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED R. R. Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Curley

(Address) 443 E. Clement st

Filed 6/10 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1908

I HEREBY CERTIFY, That I attended deceased from October 1907 to June 8th 1908

that I last saw him alive on June 7th 1908,

and that death occurred, on the date stated above, at 10:35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's disease

(DURATION) 1½ yrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos J O'Donnell M.D.

Address 1340 Eutaw St

Date June 9th 1908

Place of Burial Cathedral Cemetery

Date June 12 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1421 E. Eager St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine M. Klein

{ Residence, if in Baltimore, Give Street and Number. } 1421 E. Eager St

C 12804

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Jan 28 1833

AGE 75 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) France

FULL NAME OF FATHER George Bontellier

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Margaret Marconet

BIRTHPLACE OF MOTHER (State or country) France

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Amelia Klein

(Address) 142 E. Eager

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1908

I HEREBY CERTIFY, That I attended deceased from May 26th 1908 to June 8th 1908 that I last saw her alive on June 8th 1908, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Apoplexy

(DURATION) 14 DAYS

(Signed) Chr. Wellgeen M.D.

Address 21. W. Franklin St

Date June 8th 1908

Place of Burial Alexandria Va

Date June 11 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 51 E. Hughes St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Edward Jenkins

{ Residence, if in Baltimore, Give Street and Number. } 51 E. Hughes St

Duration of Residence in Baltimore. Life

C 12805

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH July 26 1907

AGE ——— years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Stephen Jenkins

BIRTHPLACE OF FATHER (State or country) Calvert Co Md.

MAIDEN NAME OF MOTHER Mamie Carter

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Eubens Carter

(Address) 51 E Hughes St

Filed 6/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h ——— alive on ——— 190

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date June 9 1908

Place of Burial Mt Auburn Cem

Date June 10 1908

Undertaker J. L. Brown and Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. 1334 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Loretta Polley

{ Residence, if in Baltimore, Give Street and Number. } 1334 Mc Henry st

Duration of Residence in Baltimore. Lifetime

C12806

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 26th 1906

AGE: 1 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: John B. Polley

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Annie Murphy

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B Polley

(Address) 1334 Mc Henry St

Filed 6/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8" 1908

I HEREBY CERTIFY, That I attended deceased from May 30th 1908 to June 8" 1908

that I last saw h alive on June 8" 1908

and that death occurred, on the date stated above, at 8:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Stomatitis

(DURATION) 8 DAYS

(Signed) J W Blaney M.D.

Address 110 S. Gilmor st

Date June 8" 1908

Place of Burial Holy Cross Cemetery

Date June 10th 1908

Undertaker John J. Bowan

Address 901 Hillen St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE O[illegible]

(Place of Death.) No. 1318 Edmondson ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Louisa M. Christopher

{Residence, if in Baltimore, Give Street and Number.} 1318 Edmondson ave

Duration of Residence in Baltimore. Lifetime . C12807

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 20th 1842

AGE: 64 years, 9 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Nicholas Cornelius

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Barbara Barnert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cora B Seibold

(Address) 603 N Calhoun st

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908

I HEREBY CERTIFY, That I attended deceased from June 7 1908 to June 9th 1908

that I last saw h.er alive on June 9th 1908

and that death occurred, on the date stated above, at 6.00 P. M. CAUSE OF DEATH (Secondary, or Immediate

Hypostatic Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Rigor Hemiplegia (DURATION) 3 DAYS

(Signed) Peter E Edmunds M.D.

Address 1543 Edmondson ave

Date June 10th 1908

Place of Burial Greenmount Cemetery

Date June 11th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Hopkins

{ Residence, if in Baltimore, Give Street and Number. } Brownsville Anne Arundle Co. Md.

Duration of Residence in Baltimore. 1 Day

C 12808

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: About 1858

AGE: About 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anne Arundle Co. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Track Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Williams

(Address) Brownsville Md.

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1908

I HEREBY CERTIFY, That I attended deceased from As Above 190 to 190

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Depressed Fracture Skull

Cause Supposed to be-

Struck by an Electric Car

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Patrick F. Harlan M.D.

Address 1002 W. Lafayette Ave

Date June 10 1908

Place of Burial Brownsville Md.

Date June 10th. 1908

Undertaker William M. Gawthrop.

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12809

Registered No. **B**.....

City of Baltimore, (No. 742 W Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas A Valliant.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month, Day, Year)	Nov. 1862
AGE	45 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Rock Hall Kent Co Md
FULL NAME OF FATHER	Henry Valliant
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary E. Andrews
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora A Drail

(Address) 742 W Lexington St.

Filed 6/10 1908

HARRY O. ANDREWS,
Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 6" 1908 to May 30" 1908

that I last saw him alive on May 30" 1908,

and that death occurred, on the date stated above, at 5.30 P.M. The CAUSE OF DEATH was as follows:

Organic Disease of Heart, Brights Disease of Kidneys Dropsy. Attended him at intervals.

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) John A L Wood M. D.

June 9" 1908 (Address) 6 E. W. Lexington St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Easton, Md	6-11 1908
UNDERTAKER	ADDRESS
Howard A Tully	807 Ridgely St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12810

City of Baltimore, (No. 1621 York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothy E. Birch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 1 1907 (Month) (Day) (Year)

AGE: ..... years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Malden. Mass.

FULL NAME OF FATHER: Samuel J Birch

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Cornelia A Haviland

BIRTHPLACE OF MOTHER (State or country): Hartford Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Samuel J Birch

(Address) 1621 York Road

Filed 6/10 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 8th 1908 to June 9th 1908 that I last saw h[illegible] alive on June 9th 1908, and that death occurred, on the date stated above, at 4.30 A. M. The CAUSE OF DEATH was as follows:

Exhaustion / Syncope

(DURATION) 6 hours

Contributory Poisoning

(DURATION) 6 hours

(Signed) William J Pillsbury M.D.

June 9th 1908 (Address) 1801 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudibbre / Hartford Co

DATE OF BURIAL: June 11th 1908

UNDERTAKER: E Schloman & Son

ADDRESS: 1024 Hanover st

C12811

108

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12811

City of Baltimore, [if death occurs away from USUAL RESIDENCE give facts called for under "Special information."] (No. 406 S. Patterson Park Ave St.; 1st Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan (Month) 12 (Day) 1852 (Year)

AGE 56 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Cumberland Md.

FULL NAME OF FATHER Wm. Whitman

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Catherine Marler

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Brown

(Address) 406 S Patterson Park Ave

Filed 6/10 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 10th 1908 to June 9th 1908

that I last saw her alive on June 8th 1908,

and that death occurred, on the date stated above, at 10a M. The CAUSE OF DEATH was as follows:

Hepatic Cirrhosis

Duration Years

Contributory Intestinal Obstruction (DURATION) 14 DAYS

(Signed) Robert Sachs M.D. 1918 E. Baltimore

June 9th 1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL LOUDON PARK.

DATE OF BURIAL JUN 11 1908

UNDERTAKER Armstrong Denny Co.,

ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

racts from Regulations of the Board of H

SECTION 2. *And be it further enacted a*
Physician who attended during his or he
nty-four hours after death, to the Undert
be ascertained, the full name, sex, age, co

OFFICE OF

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPE

CERTIFICATE OF DEATH.

Registered No. B C12812

City of Baltimore, (No. 1121 Argyle St.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James P Hogan

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: April (Month) 28 (Day) 1907 Year)

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Jas. P Hogan

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Ella McGinn

BIRTHPLACE OF MOTHER (State or country): Amer

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hogan

(Address) 1121 Argyle st

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to June 9 1908 that I last saw h in alive on June 9 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Intercolitis

(DURATION) DAYS

Contributory Convulsions

(DURATION) DAYS

(Signed) James M Fenlon M. D.

June 9 1908 (Address) 716 E Chase St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: June 10 1908

UNDERTAKER: C A F Pleibin

ADDRESS: 1711 Mad ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 1370 N. Cory St. (Hospital or Institution, give its Name Instead of Street and Number)

Full Name James Gross

{Residence, if in Baltimore, Give Street and Number.} 1370 N. Cory St C12813

Duration of Residence in Baltimore. 3 yrs. 11 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: July 18 1905

AGE: 3 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): City of Balto.

FULL NAME OF FATHER: James Gross

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md.

MAIDEN NAME OF MOTHER: Rosetta Foster

BIRTHPLACE OF MOTHER (State or country): Richmond Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosetta Gross.

(Address) 1370 N. Cory St.

Filed 6/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9, 1908.

I HEREBY CERTIFY, That I attended deceased from April 11 1908 to June 9 1908 that I last saw him alive on June 8 1908, and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions (DURATION) 5 DAYS

Con'tributory (Primary.) Infantile Paralysis (DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Cory St.

Date June 9, 1908.

Place of Burial Mt Auburn Cemetery.

Date June 10th 1908.

Undertaker Samuel W. Chase - Son,

Address 1400 Mosher St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 512 Wyeth St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David W. Van Fossen

{ Residence, if in Baltimore, Give Street and Number. } 512 Wyeth St

C12814

Duration of Residence in Baltimore... Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 1 1854

AGE 53 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER David Van Fossen

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Catharine Kerlinger

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Can Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida C Van Fossen

(Address) 512 W Wyeth St

Filed 6/10 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 8 1908

that I last saw him alive on June 8 1908,

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

from history (DURATION) 6 mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J H Cushman M.D.

Address 1303 Eutaw St

Date June 9 1908

Place of Burial Westernlean

Date June 11 1908

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE O[illegible]

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1310 Argyle Ave

C12815

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colord

DATE OF BIRTH 1

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) va

FULL NAME OF FATHER George Williams

BIRTHPLACE OF FATHER (State or country) va

MAIDEN NAME OF MOTHER Emily Williams

BIRTHPLACE OF MOTHER (State or country) va

OCCUPATION OF DECEASED Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) John H Todaine 142 Hillst

Filed 6/10 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-7 1908

I HEREBY CERTIFY, That I attended deceased from 6-3 1908 to 6-7 1908 that I last saw her alive on 6-7 1908 and that death occurred, on the date stated above, at 3 00 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Sepsis Following Operation

8 hrs (DURATION) DAYS

Contributory (Primary.) Fibroid of Uterus with Retention of Urine (DURATION) — DAYS

(Signed) G W Billups M.D.

Address University Hospital

Date 6-7 1908

Place of Burial Mt. Auburn Cem.

Date June 10 1908

Undertaker John H. Todaine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 720 Stirling C12816 St. (If death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Maria McKim

{ Residence, if in Baltimore, Give Street and Number. } ~~Lifetime~~ 720 Stirling st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	60 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friends

(Address) 720 Sterling st

Filed 6/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 — 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1906 to June 9 — 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 9.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral heart disease

About 3 yrs. (DURATION) DAYS

Contributory (Primary.) ———

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina st.

Date June 9 — 1908

Place of Burial Mt. Lucas

Date June 10 1908

Undertaker R. T. Ellicott

Address 508 Eutaw st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE

(Place of Death.) No. 1132 Tyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Holly

{ Residence, if in Baltimore, Give Street and Number. } 1132 Tyson St

C12817

Duration of Residence in Baltimore. 30

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jerry Haywood

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son Joseph C Holly

(Address) 1166 Tyson St

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1908

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to June 8th 1908

that I last saw h m alive on June 7th 1908,

and that death occurred, on the date stated above, at 2.?? P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthama, Cardiac failure of Asthmia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 658 W Franklin St

Date June 9th 1908

Place of Burial Cathedral

Date June 11 1908

Undertaker R. A. Elliott

Address 8 N Roy ers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

Place of Death.) No. Bay View Asylum St. (Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Smith

{Residence, if in Baltimore, Give Street and Number.} 607 W Saratoga St

C12818

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Wh.
DATE OF BIRTH: 1	
AGE: 48 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: W	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER: unknown	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday.

(Informant) Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to June 9 1908

that I last saw her alive on June 9 1908,

and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epithelioma

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Uterus (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date June 9 1908

Place of Burial Mt Zion

Date June 11 1908

Undertaker R. F. Elliott

Address 501 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF [illegible]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12819

City of Baltimore, (No. 508 St. Mary St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Eastern Shd

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jones

(Address) 506 Rogers Ave

Filed 6/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 6 (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1902 to June 1st 1908

that I last saw her alive on 1st June 1908,

and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Heart Disease

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) R. M. Hall M. D.

June 9th 1908 (Address) 1019 Dime Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Easton Md

DATE OF BURIAL: June 11 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 516 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C12820 Registered No. B C12820

137

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Hines

{ Residence, if in Baltimore, Give Street and Number. } 117 Hoffman Alley

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 19 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James Hines

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary A. Tierney

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1908

I HEREBY CERTIFY, That I attended deceased from 6-5- 1908 to 6-9 1908

that I last saw h[illegible] alive on 6-9 1908,

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Saprasmia with cardiac asthenia

(DURATION) 4 DAYS

Con'ributory (Primary.) Post-puerperal Infection

(DURATION) DAYS

(Signed) G W Billups M.D.

Address University Hospital

Date 6-9- 1908

Place of Burial St. Peters

Date June 11th 1908

Undertaker John J Fields

Address 1200 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C12821 Registered No. B C12821

56

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Michael

{ Residence, if in Baltimore, Give Street and Number. } 1712 E Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	53 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Henry Michael
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Bertha Wolter
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Glass Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 120 N. Lombard

Filed 6/10 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908

I HEREBY CERTIFY, That I attended deceased from June 7th 1908 to June 9th 1908

that I last saw h... alive on June 9th 1908,

and that death occurred, on the date stated above, at 4.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism

Con Ext, Mk

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W J Riley for J J Kirby M.D.

Address 1639 N. Broadway

Date June 9th 1908

Place of Burial Baltimore

Date June 11th 1908

Undertaker John J Field

Address 120 N. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C12822

Ward 10 C12822 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 Roland Ave. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name August Eikenberg

{Residence, if in Baltimore, Give Street and Number.} 1400 Roland Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR W.

DATE OF BIRTH Dec 5 1906

AGE ~~years~~, 18 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Andrew Eikenberg

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Grace E. Krug

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Eikenberg.

(Address) 1400 Roland

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908

I HEREBY CERTIFY, That I attended deceased from June 7 1908 to June 9. 1908

that I last saw him alive on June 9 1908

and that death occurred, on the date stated above, at 11:20 A.M. CAUSE OF DEATH (Secondary or Immediate

Acute Meningitis.

Convulsions.

2 weeks. (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [signature] M.D.

Address 1419 E. Eager St

Date June 10th 1908

Place of Burial Schwartz Cemetery

Date June 10th 1908.

Undertaker Henry Hoeck & Son.

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C12823

C12823

Ward 10

Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 922 E Eager St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William V. Williams

{Residence, if in Baltimore, Give Street and Number.} 922 E Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Victor Williams

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Susan Williams

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary G. Williams

(Address) 922 E. Eager St.

Filed 6/10 1908

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to June 9th 1908

that I last saw h[illegible] alive on June 8th 1908,

and that death occurred, on the date stated above, at 6 30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 1238 Greenmount

Date June 9th 1908

Place of Burial New Cathedral Cemetery

Date June 12th 1908

Undertaker Henry Hoche Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C12824 Registered No. B C12824

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 823 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B. Ward

{ Residence, if in Baltimore, Give Street and Number. } 823 E. Chase St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE In this st. 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John. F. Ward

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Callinan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Ward

(Address) 823 E. Chase St

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 6 1907 to June 9 1908 that I last saw him alive on June 8 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia

(DURATION) ? DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) Over 4 Mos. ? DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date June 9 1908

Place of Burial New Cathedral Cemetery

Date June 11th 1908

Undertaker Henry Hoeck Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 18

C12825

Registered No. B C12825

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 874 Lemmon St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Saml D Millholland

{Residence, if in Baltimore, Give Street and Number.} 874 Lemmon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 43 years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jas Millholland

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Catherine Fogus

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Tr. Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Brannan

(Address) 874 Lemmon st

Filed 6/10 1905 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9 1905

I HEREBY CERTIFY, That I attended deceased from Feb 1905 to June 7 1905

that I last saw h-- alive on June 8 1905

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

2 mos (DURATION)

Contributory (Primary.) Asthenia

2 mos (DURATION)

(Signed) W Monroe Boynton Md

Address

Date June 9 1905

Place of Burial Loudon Park Cem

Date June 12

Undertaker H. C. Brannan

Address 5 S. Poppleton St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

68

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12826

Registered No. B.....

City of Baltimore, (No. 1308 N. Gilmor St.; 15th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann J. Gray

PERSONAL AND STATISTICAL PARTICULARS

~~SEX~~ Color: White

COLOR. Sex: Female

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George H Gray

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Chappell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: At Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Lewis

(Address) 1308 N Gilmor St

Filed 6/10 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to June 9" 1908

that I last saw h.. alive on June 9" 1908,

and that death occurred, on the date stated above, at 12 15 P. M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 10 DAYS

Contributory Melancholia

4 Years (DURATION) ..... DAYS

(Signed) O. H. Duvall M. D.

June 9 1908 (Address) 1326 N Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: June 12th 1908

UNDERTAKER: H. C. Hudson

ADDRESS: 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

12

CERTIFICATE OF DEATH.

C12827

Registered No. B.....

City of Baltimore, (No. 710 Albert St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Mary Catherine Henson~~ Mary Gertrude Henson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: John Henderson

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Ellen Colman

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Henderson

(Address) 710 Albert

Filed 6/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 7. 1908 to June 7th 1908 that I last saw h.er alive on June 7 1908, and that death occurred, on the date stated above, at 905 A. M. The CAUSE OF DEATH was as follows:

Trismus Neonatorum. Contracted Lock Jaw. - Infant about 10 Days old. - Under Midwife Mrs Mildred (Col) (DURATION) 4 DAYS

Contributory None ascertainable (DURATION) ..... DAYS

(Signed) Chas. Parker M. D.

6-10 1908 (Address) 3111 W Northern

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? Home 166 Y Days

Where was disease contracted, if not at place of death? Pikesville

PLACE OF BURIAL OR REMOVAL: Pat Cemetery — DATE OF BURIAL: June 11 1908

UNDERTAKER: Geo H Hooper — ADDRESS: 669 Little Rus

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C12828 Registered No. B C12828

69

CERTIFICATE OF DEATH.

(Place of Death.) No. 2329 E. Millmans st (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorathea Amand Adams

{Residence, if in Baltimore, Give Street and Number.} 2329 E. Millmans st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 12 1865

AGE 42 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John A Adams

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Mary France

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Adams

(Address) 2332 Millmans st

Filed 6/10 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to June 10 1908

that I last saw her alive on June 1st 1908

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic epilepsy

Life time (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) C. G. Rouse M.D.

Address 2000 E. Balto. St.

Date June 10 1908

Place of Burial Holy Redeemer Cem

Date June 13/08 190

Undertaker Christian Miller

Address 233 E Jefferson st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12829 Registered No. B C12829

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Guyon Falls St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theophile Sonthane

{ Residence, if in Baltimore, Give Street and Number. } 421 N. Fulton ave.

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Aug. 6th 1893

AGE: 15 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D. C.

FULL NAME OF FATHER: W. T. Sherwood

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Ella S. Wilson

BIRTHPLACE OF MOTHER (State or country): Washington D. C.

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Wilson

(Address) 421 N. Fulton ave

Filed 6/10 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Drowned while bathing in Gwynns Falls near Edmondson Ave Bridge

....(DURATION)....DAYS

Contributory (Primary.) Accident

....(DURATION)....DAYS

(Signed) Julian Brachman M.D.

Address 700 Lof. Av. (Coroner)

Date June 9th 1908

Place of Burial Wash. Co.

Date June 11 1908

Undertaker W. J. Tickner & Son

Address Camden & Pace

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C12630 Registered No. B C12630

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1801 Ettings St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Broodie

{Residence, if in Baltimore, Give Street and Number.} 1801 Ettings St Broodie

Duration of Residence in Baltimore. Over 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Caroline Kelley

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mary E Gilmore

(Address) 1801 Ettings St

Filed 6/11 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 17 1908 to June 9 1908 that I last saw her alive on June 8 1908, and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bronchitis (DURATION) 5 Mos Yrs

Contributory (Primary.) Arterio Sclerosis

(DURATION) — DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date June 10, 1908.

Place of Burial Mt Zion

Date June 12th 1908

Undertaker Catharine E Wright

Address 1264 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B 012831

City of Baltimore, (No. 2205 E Pratt St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine M Ritz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sep (Month) 3 (Day) 1827 (Year)

AGE: 80 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Ritz

(Address) 2436 E Baltimore St

Filed 6/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) — 9 (Day) — 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July — 1907 to June 9 — 1908

that I last saw her alive on June 8 1908,

and that death occurred, on the date stated above, at 7 10 4 M. The CAUSE OF DEATH was as follows:

Senile Cardiac dis —
(Valvular)

2 yrs — (DURATION)

Contributory Coma —

(DURATION) 3 DAYS

(Signed) Jno C Kemp M. D.

6/10 — 1908 (Address) 125 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: June 12 1908

UNDERTAKER: L Ritz Jr

ADDRESS: 2336 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C12832 Registered No. B C12832

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Edelmann

{Residence, if in Baltimore, Give Street and Number.} 907 East Ave.

Duration of Residence in Baltimore. 57 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 23 1835

AGE 72 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER August Kiister

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. E. Maisenholder

(Address) O'Donnell & East ave.

Filed 6/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 8 1908 that I last saw her alive on June 8 1908, and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate)

Following operation for adeno Carcinoma of uterus (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Schmitt M.D.

Address City Hosp.

Date June 8 08 1908

Place of Burial Mt. Carmel Cemty

Date June 11, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12833 Registered No. B C12833

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 10 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen J Bunny

{Residence, if in Baltimore, Give Street and Number.} 10 N. Durham

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colrd

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Griffin

(Address) 10 N. Durham

Filed 6/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908

I HEREBY CERTIFY, That I attended deceased from June 7 1908 to June 10 1908 that I last saw h-- alive on June 9 1908 and that death occurred, on the date stated above, at 7 30 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 2 DAYS

Contributory (Primary.) Uraemia —

(DURATION) 1 DAY

(Signed) H. L. Gehrung M.D.

Address 173 E Biddle

Date June 10 1908

Place of Burial Samuel Ka

Date June 12 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

BY SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C12834 Registered No. B C12834

CERTIFICATE OF DEATH. 106

(Place of Death.) No. 51 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen R. Krueger

{ Residence, if in Baltimore, Give Street and Number. } 51 N. Caroline St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1902

AGE 6 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George Krueger

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Annie B. Mitchell

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Laverty

(Address) 51 N. Caroline St

Filed 6/11 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908

I HEREBY CERTIFY, That I attended deceased from June 2 1908 to June 10 1908 that I last saw h[illegible] alive on June 9 1908, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro. Enteritis

(DURATION) 8 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) G. C. Blades M.D.

Address 1436 - B'way

Date 190

Place of Burial St. Matthews Cem.

Date June 12 1908

Undertaker John J. Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 1 — Registered No. B C12835

C12835

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 724 Ramsey — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella Roach

{Residence, if in Baltimore, Give Street and Number.} 724 Ramsey St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1849

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John O'Neill

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Magee

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Dunn

(Address) 724 N Ramsey St

Filed 6/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 1 1908 to May 8 1908

that I last saw h[illegible] alive on Apr. 1 1908,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) R. A. Warner M.D.

Address 893 N. Lombard

Date June 10th 1908

Place of Burial St. Peters Cemetery

Date June 13 1908

Undertaker John J. Cowan

Address 901 N Dolphin St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Dr Warner

C12836

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C12836

City of Baltimore, (No. 1604 Riggs Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Edward Spurrier

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ~~June~~ (Month) ~~8~~ (Day) ~~1904~~ (Year)

AGE: 3 years, 10 months, 12 days

SINGLE, ~~MARRIED, WIDOWED,~~ OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm T. Spurrier

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Gertrude V. Brock

BIRTHPLACE OF MOTHER (State or country): Towson Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Gertrude V. Spurrier

(Address) 1604 Riggs Ave

Filed 6/11 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to June 9 1908

that I last saw h~~im~~ alive on June 9 1908,

and that death occurred, on the date stated above, at 3.45 a.m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory Convulsions

(DURATION) DAYS

(Signed) Jno. M Cashman M. D.

June 10 1908 (Address) 1505 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore County — DATE OF BURIAL: June 11 1908

UNDERTAKER: N S Finch — ADDRESS: 213 N. Paca St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C/2837 Registered No. B 14057

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry. Mc Dowell

{ Residence, if in Baltimore, Give Street and Number. } 2848 W. Lafayette Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 19 1901

AGE: 7 years, 2 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Harry McDowell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Woods

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry McDowell

(Address) Md

Filed 6/11 1908 HARRY C. ANDREAE PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9" 1908

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to June 9" 1908 that I last saw h alive on June 9" 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis - acute (mitral insufficiency)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date 190

Place of Burial Loudon Park

Date June 11 190

Undertaker A. J. Pickney & Son

Address 421 Camden Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12838 Registered No. B C12838

CERTIFICATE OF DEATH.

32

(Place of Death.) No. 802 Bare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora W. Barow -

{Residence, if in Baltimore, Give Street and Number.} 802 Bare St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH 1

AGE 28 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo W. Barow -

BIRTHPLACE OF FATHER (State or country) city

MAIDEN NAME OF MOTHER Annie Lawman

BIRTHPLACE OF MOTHER (State or country) city

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Barow -

(Address) 802 Bare St.

Filed 6/11 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to June 9 1908 that I last saw h er alive on June 9 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous abscess of hip.

One year (DURATION) DAYS

Contributory (Primary)

Asthenia (Cardiac) (DURATION) 2 DAYS

(Signed) R. B. Freeman M.D.

Address 643 Columbia ave

Date June 10th 1908

Place of Burial Mt Olivet

Date June 12 1908

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C12839 Registered No. B C12839

CERTIFICATE OF DEATH. 91

(Place of Death.) No. 1901 E. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Jane Auburn

{ Residence, if in Baltimore, Give Street and Number. } 1901 E. Lafayette ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 16th 1828

AGE: 80 years, 0 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Catherine Schmidt

BIRTHPLACE OF MOTHER (State or country): Holland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Auburn

(Address) 1901 E. Lafayette ave

Filed 6/11 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUN 9 1908 190

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to June 9 1908 that I last saw her alive on May 8 1908, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic bronical Chatarrh

(DURATION) 38 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) E. L. Peterson M.D.

Address 1103 N Eden st

Date JUN 9 1908 190

Place of Burial Baltimore. Com.

Date JUN 11 1908 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12840

Registered No. B.....

City of Baltimore, (No. 306, N. Bruce St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thos. N. Henry

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Oct (Month) 10 (Day) 1901 (Year)

AGE: 6 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thos. Henry

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Henry

(Address) 316 N. Bruce St.

Filed 6/11 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 10 1908 that I last saw h.. alive on June 10 1908, and that death occurred, on the date stated above, at 6-05 P. M. The CAUSE OF DEATH was as follows:

Carditis
Rheumatism
about 3 (DURATION) 2 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. J. Buttenuck M.D. DR. J. BUTTENUCK

JUN 11 1908 (Address) 101 N. FULTON AVENUE, BALTIMORE

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: June 12 1908

UNDERTAKER: Fell & Pue

ADDRESS: 1026 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

Ward ..... Registered No. B C12641

C12641

CERTIFICATE OF DEATH.

1908

(Place of Death.) No. 807 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Moales

{Residence, if in Baltimore, Give Street and Number.} 807 Druid Hill ave

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Mch 10th 1836

AGE 72 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) A. A Co Md

FULL NAME OF FATHER William Matthews

BIRTHPLACE OF FATHER (State or country) A A Co Md

MAIDEN NAME OF MOTHER Matilda Brooks

BIRTHPLACE OF MOTHER (State or country) A A Co Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Moales

(Address) 807 Druid Hill ay

Filed 6/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1908

I HEREBY CERTIFY, That I attended deceased from June 6th 1908 to June 10th 1908 that I last saw her alive on June 9th 1908, and that death occurred, on the date stated above, at 12 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (DURATION) 30 DAYS

Contributory (Primary) Cardiac Weakness (DURATION) 30 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1305 N. North Ave

Date Balto June 10th 1908.

Place of Burial Laurel Cemetery

Date June 12th — 1908

Undertaker C. L. Brown & Son

Address 108 N Montgomery st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C12842

Registered No. B C12842

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1901 Gough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Krezmer.

{ Residence, if in Baltimore, Give Street and Number. } 1901 Gough St

Duration of Residence in Baltimore. 8 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: — years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Krezmer.

BIRTHPLACE OF FATHER (State or country): Atlantic Ga.

MAIDEN NAME OF MOTHER: Agnes Molka.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Krezmer.

(Address) 1901 Gough St

Filed 6/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to July 11 1908 that I last saw h— alive on July 10 1908, and that death occurred, on the date stated above, at A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (Primary)

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 1[illegible] Bond

Date June 11 1908

Place of Burial St Stanislaus.

Date Friday June 12 1908

Undertaker W. F. Sabourin

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C12843 Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2005 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helena Roesel

{Residence, if in Baltimore, Give Street and Number.} 2005 E. Pratt St

Duration of Residence in Baltimore. Life 58 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 17 1829

AGE 79 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Sperber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Roesel

(Address) 2005 E. Pratt St.

Filed 6/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 8th 1908

I HEREBY CERTIFY, That I attended deceased from April 1908 to June 8 1908

that I last saw h Ex alive on June 8th 1908

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart Disease

(DURATION) DAYS

Con'ributory (Primary.) Syncope

(DURATION) DAYS

(Signed) Albertus Cotton M.D.

Address 1828 E. Balto

Date June 10 1908

Place of Burial St. Pauls Cemetery

Date June 11th 1908

Undertaker H. SANDER & SONS,

Address 1703-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C12844 Registered No. B C12844

CERTIFICATE OF DEATH.

137

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evalo Davies

{ Residence, if in Baltimore, Give Street and Number. } 218 S First St- Canton.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October. 1873

AGE 34 (34) years, 8 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Felter John

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Felter Mary

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Davies

(Address) 218 S. First St

Filed 6/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908 ~~190~~

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 10 1908

that I last saw her alive on " " 190 "

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

(DURATION) 11 DAYS

Contributory (Primary) Attempted abortion (self induced) (DURATION) — DAYS

(Signed) Jos. T. Smith, Jr. M.D.

Address

Date June 10 1908 ~~190~~

Place of Burial Oak Lawn Cemetery

Date June 13 " 190

Undertaker H. Landon Sons

Address 710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

O.C. A.D.I

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C12845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C12845

Registered No. B.....

City of Baltimore, (No. 903, 903 McDonough St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: May (Month) 25 (Day) 1907 (Year)

AGE: 1 year, ~~months~~, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frank Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lavinia Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie May Jones

(Address) 920 McDonough St

Filed 6/11 1908

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 13 1908 to Apl. 15 1908 that I last saw him alive on April 15 1908, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Pulm. tuberculosis

8 months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Eugene Key, M. D.

1908 (Address) Cleland Park Md.
Late of Total Sheppard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Zion

DATE OF BURIAL: June 12th 1908

UNDERTAKER: [redacted]

ADDRESS: 1421 Druid Hill Ave

Registered at Physician Desk.

Ward 12 C12846 Registered No. B C12846

CERTIFICATE OF DEATH. 92

(Place of Death.) No. 445 E. 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Elizabeth Quickley

{ Residence, if in Baltimore, Give Street and Number. } 445 E. 23rd St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH April 9 1907

AGE 1 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Johnson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eliza Quickley

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Naughton Bayley

(Address) Guilford Ave + 23

Filed 6/11 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1908

I HEREBY CERTIFY, That I attended deceased from June 9 1908 to June 11 1908 that I last saw her alive on June 10 1908, and that death occurred, on the date stated above, at 8.10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure + Toxaemia

from Pneumo-coccus or Diphtheria

(DURATION) 2 DAYS

Contributory (Primary.) Capillary Bronchitis or Lobular Pneumonia (DURATION) 3 Hrs DAYS

(Signed) Naughton J. Bayley M.D.

Address Guilford Ave - 22

Date 190

Place of Burial Laurel Cem

Date June 11 1908

Undertaker Robert A Elliott

Address 5-04 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12847 Registered No. B C12847

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1135 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Hazel

{ Residence, if in Baltimore, Give Street and Number. } Chambersburg, Pa.

Duration of Residence in Baltimore. Two months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 7th 1908

AGE ____ years, ____ months, 2½ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ____

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John L. Miller

BIRTHPLACE OF FATHER (State or country) Chambersburg Pa

MAIDEN NAME OF MOTHER Elva Miller

BIRTHPLACE OF MOTHER (State or country) Germantown Pa

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. A. S. Shpritz

(Address) 1135 E. Baltimore.

Filed 6/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1908

I HEREBY CERTIFY, That I attended deceased from June 7th 1908 to June 10th 1908

that I last saw her alive on June 9 1908,

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 2½ DAYS

Contributory (Primary.) Premature birth

(DURATION) DAYS

(Signed) C. P. Rollins M.D.

Address 220 E. 25th

Date June 10th 1908

Place of Burial Holy Cross Cemetery

Date June 11, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12848 Registered No. B C12848

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 410 E. 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Earle Wyatt Calloway

{Residence, if in Baltimore, Give Street and Number.} 410 E. 25th St.

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Mar 1st 1894

AGE 14 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED child

BIRTHPLACE (State or country) Baltimore City Md

FULL NAME OF FATHER John K. Calloway

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Ella G Wyatt

BIRTHPLACE OF MOTHER (State or country) Carolina Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ray S Culler

(Address) 1826 W. Lanvale St

Filed 6/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1908

I HEREBY CERTIFY, That I attended deceased from June 2 1908 to June 11 1908 that I last saw h[im] alive on June 10 1908, and that death occurred, on the date stated above, at 3.3a M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. B. Beech M.D.

Address 82 E. N. Carrollton Ave

Date June 11 1908

Place of Burial Druid Ridge Cem

Date June 13th 1908

Undertaker Geo J Smith & Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12849 Registered No. B

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 921 Ryan St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catharine Phillips

{Residence, if in Baltimore, Give Street and Number.} 921 Ryan St

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: June 7 1907

AGE: 1 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm R Phillips

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Mary B Wiseman

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R Phillips

(Address) 921 Ryan St

Filed 6/12" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11" 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 11 1908 that I last saw her alive on June 10 1908, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Membranous Croup

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) C R Davis M.D.

Address 923 N Carrollton Ave

Date June 11 1908

Place of Burial Western

Date 6/12 1908

Undertaker Wm J Schilling

Address 9 S Poplar Grove St

General June 12/8 10 A. M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12850

Ward 11 C12850 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name N. F. Harris

{Residence, if in Baltimore, Give Street and Number.} Rockville Md

Duration of Residence in Baltimore. 12 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1835

AGE 73 years, months, days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant J. W. Keason

Address 1938. Linden Ave.

Filed 6/12" 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 10 1908 that I last saw him alive on June 9 1908, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac weakness

6 mths (DURATION) DAYS

Contributory (Primary) Chr Interstitial Nephritis - Sclerosis (DURATION) 2 years DAYS

(Signed) J. W. Keason M.D.

Address 1938 Linden Ave

Date June 10 to. 1908.

Place of Burial Rockville Md.

Date June 12th 1908

Undertaker Killian M. Gawthrop

Address North & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 1 — C12851 — Registered No. B 115

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frank Boose

{ Residence, if in Baltimore, Give Street and Number. } West River md

Duration of Residence in Baltimore. Three days

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 27 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): annarundel co. Md

FULL NAME OF FATHER: Thomas Boose

BIRTHPLACE OF FATHER (State or country): annarundel co. Md.

MAIDEN NAME OF MOTHER: Martha Gross

BIRTHPLACE OF MOTHER (State or country): annarundel co. Md.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Matthews

(Address) 1992 Presstman st.

Filed 6/12" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908

I HEREBY CERTIFY, That I attended deceased from June 7 1908 to June 10 1908 that I last saw h in alive on June 10 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General sepsis

(DURATION) 1 DAYS

Contributory (Primary) Acute appendicitis with general peritonitis (DURATION) 5 DAYS

(Signed) Frank A Kyper M.D.

Address University Hospital

Date June 11 1908

Place of Burial West River M & C Ho

Date June 13th 1908

Undertaker ~~JAMES H. DENNIS~~ James H Dennis 1332 Presstman

Address ~~1332 PRESSTMAN ST.~~ JAMES H. DENNIS. ~~1332 PRESSTMAN ST.~~

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12852 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Jones.

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: Sept. 28, 1907

AGE: ..... years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Agnes Jones

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mother Mildred

(Address) St Elizabeth home

Filed 6/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 25 1908 to June 10 1908 that I last saw h in alive on June 10 1908, and that death occurred, on the date stated above, at 11.3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) 46 days

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St

Date June 11, 1908

Place of Burial Cathedral Cemetery

Date June 12th 1908

Undertaker Philip B Pyle

Address 108 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12853 Registered No. B C12853

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 32. N. Durham St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johanna Thomann.

{ Residence, if in Baltimore, Give Street and Number. } 32 N. ~~Eighteen~~ Durham St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Baptist Jurich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine Schwartz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo J Thomann

(Address) 32 N. Durham

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to June 11 1908

that I last saw her alive on June 10 1908

and that death occurred, on the date stated above, at 4.25 A M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart

6 (DURATION) Yrs DAYS

Contributory (Primary.) Pneumonia 3 (DURATION) DAYS

(Signed) G. J. Lehmann M.D.

Address 172 E. Fourth

Date June. 11 1908.

Place of Burial Holy Redeemer

Date June 13/908 1908

Undertaker Wm Cook

Address 802 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12854

City of Baltimore, (No. 1529, John St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Louisa Race

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Not known 1853
(Month) (Day) Year)

AGE 55 years, ... months, ... days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore. Md.

FULL NAME OF FATHER Saml. Burnbaum

BIRTHPLACE OF FATHER (State or country) Baltimore.

MAIDEN NAME OF MOTHER Louisa Wells.

BIRTHPLACE OF MOTHER (State or country) Annapolis. Md.

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Robinson

(Address) 917 St Paul.

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 20th 1908 to June 11th 1908 that I last saw her alive on June 8th 1908, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Carcinoma of the Sigmoid. It was removed by a resection of about 6 inches of the bowel, but returned in 2 mths (DURATION) two years DAYS

Contributory Exhaustion

about 2 months (DURATION) DAYS

(Signed) Saml. McCarty Jr. M. D.

June 11th 1908 (Address) 1431 Eutaw Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL Greenmount Cem | DATE OF BURIAL June 13. 1908

UNDERTAKER Owen Cook | ADDRESS 702 E Fayette

WM. J. C. DULANY CO., BALTIMORE

Ward 18 C12855 Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. Plaza Apartments Park and Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna D. Childs

{Residence, if in Baltimore, Give Street and Number.} ~~1300~~ Plaza Apartments

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan 19 1840

AGE: 68 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Getty

BIRTHPLACE OF FATHER (State or country): Boston Mass.

MAIDEN NAME OF MOTHER: Barthenia Dukhart

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evelyn C Keenan

(Address) Plaza Apartments

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1905 to June 10 1908 that I last saw h er alive on June 10 1908, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of the heart with dropsy as result.

About 3 yrs (DURATION) ~~DAYS~~

Contributory (Primary.) Nutritio-Sclerosis

Unknown (DURATION) DAYS

(Signed) John D. Kenig M.D.

Address 1425 Eutaw Place

Date June 11 1908

Place of Burial Loudon Park

Date June 12 1908

Undertaker E Madison Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 012856 Registered No. B 012856

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 Aisquith (Hebrew Aged Home) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Groozinsky

{Residence, if in Baltimore, Give Street and Number.} 109 Aisquith St.

Duration of Residence in Baltimore. 18 Yrs. 8 M

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1821

AGE: 87 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Simon Meyer

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosa Lurey

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bank.

(Address) 612 Hanover St.

Filed 6/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1906 to June 11th 1908

that I last saw her alive on " 11th 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Con'tributory (Primary.) Senility (old age) (DURATION) DAYS

(Signed) M. M. Savage, M.D.

Address 1121 E Baltimore St

Date 190

Place of Burial Hebrew Washington Rd

Date June 12, 1908

Undertaker May Levinson

Address 1620 N. Eden Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12857

City of Baltimore, (No. 2106, W. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. H. Landwehr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. (Month) 28 (Day) 1862 (Year)

AGE: 45 years, 8 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Henry Landwehr

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Kahlfuss

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Landwehr

(Address) 2106 W Pratt St

Filed 6/12 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 9th, 1908 to June 12th 1908 that I last saw h[illegible] alive on June 11 1908, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Chronic Dysentery

6 Months (DURATION) DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) H W Webner M. D.

June 12th 1908 (Address) 723 W. Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: June 14 1908

UNDERTAKER: Wm J Cook ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Ward 20 C12858 Registered No. B C12858

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1916 W.m. Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha E Saddler

{ Residence, if in Baltimore, Give Street and Number. } 1916 W.m Henry St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 25. 1836.

AGE 71 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Lisbon Howard Co Md

FULL NAME OF FATHER Suffolk Welsh

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Allena Harps

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Kate Saddler

(Address) 1916 W.m. Henry

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1908

I HEREBY CERTIFY, That I attended deceased from May 12th 1908 to June 10th 1908 that I last saw her alive on June 10th 1908, and that death occurred, on the date stated above, at 9.50 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Suffered from Valvular disease of heart. Oedema of face, hands and lately of feet ending in Syncope and death.

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Veldrick M.D.

Address 2151. Wilkens Ave.

Date June 10th 1908.

Place of Burial Western Cem

Date June 13. 1908

Undertaker W B Cook

Address 1003 W Balt

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

C12859

CERTIFICATE OF DEATH.

C12859

Registered No. B.....

City of Baltimore, (No. 1327 Mt Royal Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H Sexton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feby 20 1841 (Month) (Day) (Year)

AGE: 67 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: [illegible]

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Allen Sexton

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Alice Hand

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Jeweller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A H Sexton

(Address) 432 N Carey St

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1908 to June 1908 that I last saw him alive on June 8 1908, and that death occurred, on the date stated above, at 1130 P. M. The CAUSE OF DEATH was as follows:

Sudden, brief attack of Acute Indigestion (attack - duration one half hour - under treatment for indigestion (DURATION) 14 DAYS

Contributory Paralysis of Heart) Syncope Stomach failure to respond to

(DURATION) ~~DAYS~~

(Signed) A H Sexton M. D.

June 11 1908 (Address) 432 N Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: June 13th 1908

UNDERTAKER: Kelly Jenkins Howe Co

ADDRESS: 300 W Madison

WM. J. C. DULANY CO., BALTIMORE

Ward 9 C12860 Registered No. B

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1337 N. Bond St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Hannah Buckley

{ Residence, if in Baltimore, Give Street and Number. } 1337 N. Bond St

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Timothy Buckley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Johanna Crowe

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Horrigan

(Address) 1337 N. Bond St

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr Hartman

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10. 1908

I HEREBY CERTIFY, That I attended deceased from May 23. 1908 to June 10. 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N Caroline St.

Date June 11. 1908

Place of Burial St. Peters

Date June 13, 1908

Undertaker F. C. Wichfield

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12861 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Schwarzkopf

{Residence, if in Baltimore, Give Street and Number.} 916 N. Caroline St.

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Joseph H. Schwarzkopf

(Address) 916 N Carolina St

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1908

I HEREBY CERTIFY, That I attended deceased from May 4th 1908 to June 10th 1908

that I last saw her alive on June 10th 1908 at 1.20 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. E. Stoner M.D.

Address 1807 E Eager St

Date June 11th 1908

Place of Burial Holy Redeemer Cemetery

Date June 13 1908

Undertaker Henry Hoeke Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12862 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1242 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Kronenberg

{ Residence, if in Baltimore, Give Street and Number. } 1242 Carroll st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH June 9th 1904

AGE — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry Kronenberg

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Warrenberger

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kronenberg

(Address) 1242 Carroll St

Filed 6/12 1905 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1908

I HEREBY CERTIFY, That I attended deceased from June 9th 1908 to June 11 1908

that I last saw h— alive on June 10 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edw Grumpel M.D.

Address 517 N Carey St

Date June 12 1908

Place of Burial Balto Cemetery

Date June 12 1908

Undertaker Wm J Tuthill Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) **cause and date of death.**

Ward 17 C12863 Registered No. B C12863

104

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lizzy Bond

{ Residence, if in Baltimore, Give Street and Number. } Calvert Ave, Pimlico

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 28 1870

AGE: 38 years, 0 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Fritzell

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Helen Lyons

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W Bond

(Address) Calvert ave Pimlico

Filed 6/12 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 11 1908 that I last saw her alive on June 11 1908, and that death occurred, on the date stated above, at 7:50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pelvic Abscess

(DURATION) DAYS

Contributory (Primary.) accidental abortion (DURATION) 5 DAYS

(Signed) C. H. Haynes M.D.

Address 1236 N Caroline St

Date 6/12 1908

Place of Burial Loudon Park

Date June 14 1908

Undertaker W J Pickner & Sons

Address 425 W Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C12864 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 N. Lakewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresia Hanauer (Hanauer)

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 2 18[illegible]

AGE 32 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Bulls Mer

FULL NAME OF FATHER Frederick Neuheiser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Clara Neudenkemper

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Hanauer.

(Address) 113 N Lakewood.

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908

I HEREBY CERTIFY, That I attended deceased from April 10 1905 to June 10 1908 that I last saw h[illegible] alive on June 10 1908, and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate)

acute Phthisis

(DURATION) 2 mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Newton M.D.

Address 161 Brady

Date June 11 1908

Place of Burial Loudon Park

Date June 13 1908

Undertaker E. J. Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C12865 Registered No. B C12865

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 2108 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Douglass

{ Residence, if in Baltimore, Give Street and Number. } 2108 E. Lombard St.

Duration of Residence in Baltimore. About 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 24 182[illegible]

AGE: 83 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James White

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma P Douglas

(Address) 2108 E Lombard st

Filed 6/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 12th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 27th 1907 to June 12th 1908 that I last saw her alive on June 11th 1908, and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile debility

(DURATION) 5 months DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 months DAYS

(Signed) W. F. Johnson M.D.

Address 2017 E. Balto St.

Date June 12th 1908

Place of Burial Pantheon, Hiconico Co. Md

Date June 14 1908

Undertaker H. Allen Fuller

Address 2012 E Baltimore st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12866 Registered No. B C12866

134

CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 O'neil Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie S Kyles

{ Residence, if in Baltimore, Give Street and Number. } 1336 O'neil Hill Ave

Duration of Residence in Baltimore.. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Joshua Highman

BIRTHPLACE OF FATHER (State or country): N. C

MAIDEN NAME OF MOTHER: Adeline Sloyd

BIRTHPLACE OF MOTHER (State or country): N. C

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bartlett Skyles

(Address) 1336 O'Neil ave

Filed 6/12 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11 1908

I HEREBY CERTIFY, That I attended deceased from April 28 1908 to June 11 1908 that I last saw h[illegible] alive on June 11 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Surgical Shock

(DURATION) 3 hrs DAYS

Contributory (Primary.) Incarcerated Hernia Uterus (DURATION) 90 DAYS

(Signed) H S McCaul M.D.

Address 2005 O'Neil Ave

Date June 12 1908

Place of Burial Williamston N. C.

Date June 13 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C12867 Registered No. B C12867

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 429 Hickory Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anna T. Carlsen

{ Residence, if in Baltimore, Give Street and Number. } 429 Hickory Ave.

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 12th 1859

AGE 49 years, 3 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Denmark

FULL NAME OF FATHER — Petersen

BIRTHPLACE OF FATHER (State or country) Denmark

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carl Carlsen

(Address) 429 Hickory Ave

Filed 6/12 1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11th 1908

I HEREBY CERTIFY, That I attended deceased from Apr 8th 1908 to June 11th 1908 that I last saw h[illegible] alive on June 10th 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis pulmonalis

10 months (DURATION) ~~DAYS~~

Contributory (Primary.) Enteritis

(DURATION) 14 ~~DAYS~~

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave.

Date June 11th 1908

Place of Burial St. Marys - Hampden

Date June 13 1908

Undertaker Boyce Byrnes

Address 2631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12868 Registered No. B C12868

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 709 N Central Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julius Alston

{Residence, if in Baltimore, Give Street and Number.} 709 N Central Ave.

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR colored

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N C

FULL NAME OF FATHER Solomon Austin

BIRTHPLACE OF FATHER (State or country) N C

MAIDEN NAME OF MOTHER Louisa Norwood

BIRTHPLACE OF MOTHER (State or country) N C

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ransom Alexander

(Address) 420 N Eden St

Filed 6/12" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10, 1908.

I HEREBY CERTIFY, That I attended deceased from May 29, 1908 to June 10, 1908, that I last saw him alive on June 10, 1908, and that death occurred, on the date stated above, at 7:15 P.M. CAUSE OF DEATH (Secondary ~~or Immediate~~)

Pulmonary hemorrhage

(DURATION) 5 DAYS

Contributory (Primary) Tuberculosis

(Pulmonary) (DURATION) 10 Months

(Signed) J. H. Robinson M.D.

Address 1535 E. Monument St.

Date June 11, 1908

Place of Burial Asbury

Date June 12 1908

Undertaker Wm. J. Gaither

Address 1000 Mulberry Ave St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C12369 Registered No. B

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2132 E Biddle St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louisa Brown

{Residence, if in Baltimore, Give Street and Number.} 2132 E Biddle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Dec 9 1832

AGE 75 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER J Smith

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Emma Campbell

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Brown

(Address) 2132 E Biddle St

Filed 6/12" 1908 HARRY C. ANDREWS. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1908

I HEREBY CERTIFY, That I attended deceased from April 28th 1908 to June 10th 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia + Asthenia +

Exhaustion

(DURATION) 5 DAYS

Contributory (Primary) Chronic Nephritis +

Valvular Heart disease (DURATION) 1 Year.

(Signed) Albert G. Dingman M.D.

Address 1503 E. North Ave

Date 190

Place of Burial Mt. Olivet

Date June 13 1908

Undertaker Pabst & Turner

Address 1711 N. Gay.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C12870 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Reuling

{ Residence, if in Baltimore, Give Street and Number. } 1315 N. Port St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Sept 15 1911

AGE 6 years, 8 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Leonard Rauling

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Ida Kaufinbiging

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard Rauling

(Address) 1315 N. Port St

Filed 6/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ... and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Body mangled by car 974. (Acc)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) ... M.D.

Address ...

Date June 12 1908

Place of Burial Mt Carmel

Date June 13th 1908

Undertaker Robt. S. Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C12871 Registered No. B C12871

CERTIFICATE OF DEATH. 50

(Place of Death.) No. 1621 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry F. Franz

{Residence, if in Baltimore, Give Street and Number.} No. 1624 (1621) N. Washington St

Duration of Residence in Baltimore. About 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 14, 1843

AGE 55 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Franz

(Address) 1621 N. Washington St

Filed 6/12" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10, 1908

I HEREBY CERTIFY, That I attended deceased from June 6, 1908 to June 10, 1908 that I last saw h alive on June 10, 1908, and that death occurred, on the date stated above, at 10.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

More than a years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. R. Elwell M.D.

Address 1241 Harford ave

Date June 11, 1908

Place of Burial Loudon Cemetery

Date June 13 1908

Undertaker Robt F. Turner

Address 1424 Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 012872 Registered No. B 30

CERTIFICATE OF DEATH.

(Place of Death.) No. N° 1611 Bolton St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James M Maslin

{ Residence, if in Baltimore, Give Street and Number. } 1611 Bolton st.

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Jan 13th 1866

AGE 42 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) W. Virginia

FULL NAME OF FATHER Thomas Maslin

BIRTHPLACE OF FATHER (State or country) W. Virginia

MAIDEN NAME OF MOTHER Catherine Cunningham

BIRTHPLACE OF MOTHER (State or country) W. Virginia.

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank N Maslin

(Address) 1611 Bolton st

Filed 6/13" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 11" 1908

I HEREBY CERTIFY, That I attended deceased from October 1907 to June 11" 1908

that I last saw him alive on June 11" 1908,

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis,

(DURATION) 20 DAYS

Contributory (Primary.) Cancer of Uterus (DURATION) [illegible] DAYS

(Signed) Henry B Thomas M.D.

Address 1007 Cathedral St

Date June 12" 1908

Place of Burial Green Mount Cemetery

Date June 13th 1908

Undertaker Henry H. Jenkins & Son Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C12873

CERTIFICATE OF DEATH. 37

(Place of Death.) No. 225 S Fremont St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sophie P Dashner

{Residence, if in Baltimore, Give Street and Number.} 225 S. Fremont St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Fred Kaupp.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Justine E. Kleiber

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Book Holder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Kaupp.

(Address) 1st Washington

Filed 6/13 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1907 to June 10 1908

that I last saw h er alive on June 10 1908,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

190

(DURATION) DAYS

(Signed) J. H. Robinson M.D.

Address 726 E Fusin St

Date June 12 1908

Place of Burial Mt Olivet Cem-

Date June 14 1908

Undertaker Orville F. Corcoran

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12874 Registered No. B C12874

CERTIFICATE OF DEATH. 19.

(Place of Death.) No. 120 N. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise A. Kirkpatrick

{Residence, if in Baltimore, Give Street and Number.} 120 N. Mulberry

Duration of Residence in Baltimore. 28 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 11 1842

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Somerset Co. Md

FULL NAME OF FATHER John W. Calvert

BIRTHPLACE OF FATHER (State or country) Somerset Co Md

MAIDEN NAME OF MOTHER Peggy White

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Dead

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kirkpatrick

(Address) 120 N. Mulberry

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1908

I HEREBY CERTIFY, That I attended deceased from about January 1 1908 to June 10 1908 that I last saw her alive on June 9 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) DAYS

Contributory (Primary) Val. Dis. of Heart and ascites (DURATION) 18 mos

(Signed) Geo L. Mitchell M.D.

Address 6 N. Bond

Date June 10 1908

Place of Burial Oak Lawn Cem.

Date 6/13/08 1908

Undertaker J. Hennig & Son

Address 1008 Orleans

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12th C12875 Registered No. B C12875

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1809 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotta Kemper

{Residence, if in Baltimore, Give Street and Number.} 1809 Eastern Ave

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 4/1827

AGE: 80 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L. Paul

(Address) 1809 Eastern Ave

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1908

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to June 11 1908

that I last saw h[illegible] alive on June 11 1908

and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate

Old-Age

(DURATION) — DAYS

Contributory (Primary.) ——

(DURATION) — DAYS

(Signed) L. Kashuba M.D.

Address

Date June 13/08 1129 W. North Ave 190

Place of Burial London Park

Date June 14 190

Undertaker St Nicolaus & Son

Address 1820 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12876 Registered No. B C12876

26

CERTIFICATE OF DEATH.

(Place of Death.) No. 2014 N Pratt St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.) St.

Full Name Louis Richwein

{Residence, if in Baltimore, Give Street and Number.} 2014 N Pratt St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 29 1849

AGE: 59 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Richwein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carriage Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Richwein

(Address) 2014 N. Pratt St.

Filed 6/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to June 10 1908 that I last saw h[illegible] alive on June 10 1908, and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

One week (DURATION) DAYS

Contributory (Primary.) Laryngeal 2 yrs

Tuberculosis (DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date June 11 1908

Place of Burial Loudon Park

Date June 14 1908

Undertaker Mrs Lee P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12877 Registered No. B C12877

151.

CERTIFICATE OF DEATH.

(Place of Death.) No. 601 N. Carrine on St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Mt Hospital~~ In Infirmary Flora Henson

{ Residence, if in Baltimore, Give Street and Number. } 601 N. Carrine on

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Jones

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER [illegible]

BIRTHPLACE OF MOTHER (State or country) [illegible]

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Jones

(Address) 1401 Druid Hill Ave

Filed 6/13 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12th 1908

I HEREBY CERTIFY, That I attended deceased from June 9th 1908 to June 12th 1908

that I last saw h[illegible] alive on June 11th 1908,

and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) ..... DAYS

(Signed) W. Wesley M.D.

Address 1224 E. Fayette St

Date June 12th 1908

Place of Burial Asbury

Date June 13th 1908

Undertaker Wm. J. Jackson

Address 1421 Druid Hill Ave St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12878 Registered No. B C12878

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 2412 Eaton Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Hustedt

{ Residence, if in Baltimore, Give Street and Number. } 2412 Eaton Av

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 20 1851

AGE 57 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Hasted Dist near Bremen Germany

FULL NAME OF FATHER Earaton Hustedt

BIRTHPLACE OF FATHER (State or country) Hasted Dist Germany

MAIDEN NAME OF MOTHER Katherine Buschmann

BIRTHPLACE OF MOTHER (State or country) Hasted Dist Germany

OCCUPATION OF DECEASED Bricklayer & Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Hustedt Son

(Address) 2412 Eaton Av

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908

I HEREBY CERTIFY, That I attended deceased from February 24 1908 to June 10 1908 that I last saw h alive on June 9 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Oesophagus (DURATION) 2 mos DAYS

(Signed) A. W. Bendick M.D.

Address 1806 E. Baltimore

Date June 10 1908

Place of Burial St. Pauls Cem

Date June 14 1908

Undertaker H. Gandy & Sons

Address 710 Eaton Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12879

City of Baltimore, (No. 427 Mosher st St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Elizabeth Courtenay (Courtney)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June (Month) 19 (Day) 1841 (Year)

AGE 67 years, 4 months, 22 days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER David S Courtnay

BIRTHPLACE OF FATHER (State or country) Balto md

MAIDEN NAME OF MOTHER Eliz D Hawkins

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Courtnay

(Address) 427 Mosher st

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 11 1908 that I last saw h[illegible] alive on June 11 1908, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Bright's Disease,

about 2 months (DURATION) DAYS

Contributory Heart Disease, Months (DURATION) DAYS

(Signed) Robert K Kneas M. D.

June 11 1908 (Address) 1001 Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL June 13 1908

UNDERTAKER E Madison Mitchell | ADDRESS 120 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12880

City of Baltimore, (No. 414, Laurens St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Fanny H. Reese.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 14 (Day) 1857 (Year)

AGE: 50 years, 10 months, 27 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm. D Reese

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Alexina Buckingham

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Beard

(Address) 414 Laurens ST

Filed 6/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 11th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 14th 1908 to June 11th 1908 that I last saw h[illegible] alive on 11 10th 1908, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Gastric catarrh, followed by complete exhaustion. The gastric catarrh was of [illegible] about 3 mos. (DURATION) ___ DAYS

Contributory Pneumonia of [illegible] (DURATION) [illegible] DAYS

(Signed) Clarence C. Price, M.D.

June 12 1908 (Address) 101 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: June 13 1908

UNDERTAKER: E M Mitchell | ADDRESS: 120 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

Ward ..... C12881 Registered No. B C12881

150 A

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Harford ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edna Agnes Fallon

{ Residence, if in Baltimore, Give Street and Number. } No. 1619 Harford ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 25, 1908

AGE — years, 5 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Martin Fallon

BIRTHPLACE OF FATHER (State or country) Baltimore city

MAIDEN NAME OF MOTHER Agnes Duffy.

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Rafferty

(Address) 1834 Aiken st.

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1908 to June 13, 1908 that I last saw her alive on June 2, 1908, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Congenital Hydrocephalus. (DURATION) 5 mos, DAYS

(Signed) R. R. Elwell, M.D.

Address 1744 Harford ave

Date June 13 1908

Place of Burial New Cathedral

Date June 17 — 1908

Undertaker W. Dilpel & Son

Address 330 S. Bond,

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C12682 Registered No. B [illegible] 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Reuss Auly

{Residence, if in Baltimore, Give Street and Number.} 1001 Linden Avenue

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Nov. 17" 1850

AGE 57 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Lancaster Auly

BIRTHPLACE OF FATHER (State or country) Mayland

MAIDEN NAME OF MOTHER Isabella Wilson

BIRTHPLACE OF MOTHER (State or country) Mayland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamer Hollyday,

(Address) BAY VIEW ASYLUM.

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1908

I HEREBY CERTIFY, That I attended deceased from May 11 1908 to June 12 1908

that I last saw him alive on June 12 1908,

and that death occurred, on the date stated above, at 12.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date June 12 1908

Place of Burial Washington, D. C.

Date June 13th 1908

Undertaker Henry W. Means Jr

Address 1 West North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12883

City of Baltimore, (No. 1135 N. Monroe St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Rauleder

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 4 1857 (Month) (Day) (Year)

AGE 50 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Rauleder

(Address) 1135 N. Monroe St

Filed 6/13 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from about 1893 190 to June 12th 1908 that I last saw h[er] alive on June 12th 1908, and that death occurred, on the date stated above, at 445 P. M. The CAUSE OF DEATH was as follows:

Chronic Brights

probably 4 or 5 yrs (DURATION) DAYS

Contributory Carcinoma of Stomach

Several yrs (DURATION) DAYS

(Signed) Gilman Thomas M. D.

June 12th 1908 (Address) 833 N Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Carmel Cem | DATE OF BURIAL June 1908

UNDERTAKER W. J. Townsend Jr | ADDRESS Carlton Ave

Ward 7 C12884 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1927 White St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorotha Follmer

{Residence, if in Baltimore, Give Street and Number.} 1927 White St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 24th 1865

AGE: 42 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jacob Hohman

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Margareth Schaefer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Follmer

(Address) 1927 White St

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 12th 1908

I HEREBY CERTIFY, That I attended deceased from May 2nd 1908 to June 12th 1908

that I last saw her alive on June 11th 1908,

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

one year (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) E. A. Knorr M.D.

Address 1727 W. Lombard St.

Date June 12th 1908

Place of Burial Western Cemetery

Date June 14 1908

Undertaker H. C. Brannings,

Address S. E. Appleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12685 Registered No. B C12685

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 W. 28th St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Ida Cowley

{Residence, if in Baltimore, Give Street and Number.} 406 W. 28th St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 9 1891

AGE 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER James T Cowley

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Elizabeth McClellan

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Scholar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Cowley

(Address 406 W 28th St

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1908

I HEREBY CERTIFY, That I attended deceased from May 31 1908 to June 12 1908

that I last saw her alive on June 11 1908

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) One DAY

Contributory (Primary.)

Acute Bright's (DURATION) 13 DAYS

(Signed) E L Coe M.D.

Address 100 W 25th St

Date June 12th 1908

Place of Burial Balto Cemetery

Date June 15 1908

Undertaker H S Mayhall

Address 35-39 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward W

C12886 Registered No. C

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Frank De Matteo

Residence, Give Street and Number,

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE About 27 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Not Known

BIRTHPLACE (State or county) Italy

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. S. Mansfield

(Address) 3539 Falls Road

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 11th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h..... alive on 190

and that death occurred, on the date stated above, at 8:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Probable Fract. of Skull

Comp. Com. Fract. R. and L.

Struck by P. W. Ry Engine

Contributory (Primary) (DURATION) DAYS

Syphilis

(Signed) W. J. Tilley Coroner

Address 1639 Bursley

Date June 13 1908

Place of Burial St. Vincents

Date June 16 1908

Undertaker T. S. Mansfield

Address 3539 Falls Road

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C12887 Registered No. B

CERTIFICATE OF DEATH.

4

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Haney.

{Residence, if in Baltimore, Give Street and Number.} 1339 N. Mount St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH November 22d 1868

AGE 39 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Carroll Co. Md

FULL NAME OF FATHER Wm A. Murray

BIRTHPLACE OF FATHER (State or country) Carroll Co, Md.

MAIDEN NAME OF MOTHER Agnes H. Murray

BIRTHPLACE OF MOTHER (State or country) Balto. Co, Md

OCCUPATION OF DECEASED housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C. Haney

(Address) 1339 N. Mount St.

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13, 1908

I HEREBY CERTIFY, That I attended deceased from June 2d 1908 to June 13, 1908 that I last saw h-er alive on June 13 1908, and that death occurred, on the date stated above, at 4½ a. m. CAUSE OF DEATH (Secondary or Immediate)

Hyperpyrexia Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Pernicious malarial fever (DURATION) 14 DAYS

(Signed) Maurice L. Shannon M.D.

Address 1218 N. Gilmor St

Date June 13, 1908

Place of Burial Hampstead Carroll Co Md

Date June 14th. 1908

Undertaker D W - M Gaultt

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C12888

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12888

City of Baltimore, (No. near Dawson Ave Bells Ave West Arlington St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minna Lewis Dunlop.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Oct (Month) 29 (Day) 1878 (Year)

AGE 29 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Donald McKenzie Dunlop

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mildred Cobb Lewis

BIRTHPLACE OF MOTHER (State or country) North Carolina

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Donald M. Dunlop

(Address) Bells Ave W. Arlington

Filed 6/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to June 16 1908

that I last saw h er alive on June 16 1908,

and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs.

About 6 years.

(DURATION) DAYS

Contributory Typhoid fever

Pneumonia 1896. (DURATION) DAYS

(Signed) H Nolan M.D.

June 13 1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Petersburg Va

DATE OF BURIAL June 14 1908

UNDERTAKER Jos B Cook

ADDRESS 1003½ Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C12889 Registered No. B C12889

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1602 Lifter Place R. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Joseph Grumenstine

{Residence, if in Baltimore, Give Street and Number.} 1602 Lifter Place Spring St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH August 25 1850.

AGE 57 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James H. Grumenstine

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Emma Grumenstine

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Grumenstine

(Address) 1602 N Spring St.

Filed 6/13 1908 HARRY C. ARMIGER PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to June 11th 1908 that I last saw him alive on 11 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Fisher M.D.

Address 9.6. Biddle St

Date June 12 1908

Place of Burial Baltimore Cemetery

Date June 14 1908

Undertaker Mc Ginnis - Carroll

Address 1227 Mulliken St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C12890 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2231 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Ott

{ Residence, if in Baltimore, Give Street and Number. } 2231 Mc Elderry st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 12 th 1908

AGE ~~Years~~ ~~Months~~ 3½ hours ~~Days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER George A. Ott

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Katie Ringrose

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A. Ott

(Address) 2231 Mc Elderry st

Filed 6/13" 1908 HARRY G. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 th 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 13 1908 that I last saw her alive on June 12 1908, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

Lived 4 hours

Heart weakness

~~(DURATION) Years~~ ~~Months~~ ~~Days~~

Contributory (Primary)

~~(DURATION) Years~~ ~~Months~~ ~~Days~~

(Signed) Chas. H. Riley M.D.

Address 1113 Madison Ave

Date June 13 — 1908

Place of Burial 1st Evangelical Cemetary

Date June 13/08 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C12891 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elizabeth Wheeler

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH April 18. 1908

AGE ..... years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 6/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12, 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 11 1908 that I last saw h alive on June 10 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus -

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A.C. Gillis M.D.

Address 1519 N. Carolina St.

Date June 13 1908

Place of Burial Cathedral Cem.

Date June 15th 1908

Undertaker J. Slit & Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12892 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 407 Washington St South St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Litton Seward

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Seward James

BIRTHPLACE OF FATHER (State or country): County

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs. Helen

(Address) 407 S. Washington St.

Filed 6/14 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1908

I HEREBY CERTIFY, That I attended deceased from June 12th 1908 to June 13 1908 that I last saw him alive on June 12 1908, and that death occurred, on the date stated above, at 12 m.

CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs (DURATION) 1 DAYS

Contributory (Primary) (Nephritis) &

Cerebral Hemorrhage (DURATION) 1 DAYS

(Signed) A. L. Pambleson M.D.

Address 2013 Bank

Date June 14 1908

Place of Burial Greenmount Cemetery

Date June 14, 1908

Undertaker Wm Nicolaus & Son.

Address 1820 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12393 Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1000 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Hilda E Parrott

{ Residence, if in Baltimore, Give Street and Number. } 1000 W. Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Parrott

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Fox

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Fayette

Filed June 14 1908 Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1908

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to June 13 1908

that I last saw her alive on June 13 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate

Diphtheria —

Ateles Media Purulent.

Meningitis do

(DURATION) 30 DA

Contributory (Primary.) Asthenia

(DURATION) 7 DA

(Signed) J Norwood M.

Address 739 W Fayette

Date June 13 1908

Place of Burial Chalk Point Pa Co Md

Date June 15th 1908

Undertaker John J Fields

Address 1200 W. Fayette St

Funeral June 15th 6 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12894 Registered No. B C12894

64

CERTIFICATE OF DEATH.

Place of Death.) No. 845 Pierce St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas Crawford

{ Residence, if in Baltimore, Give Street and Number. } 845 Pierce St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ~~col~~

DATE OF BIRTH 1

AGE 52 years, months, days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Thomas Crawford.

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Quarles

(Address) 845 Pierce St,

Filed June 14 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to June 10th 1908 that I last saw h~~im~~ alive on June 10th 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) Ten DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) 16 DAYS

(Signed) John Hoff M.D.

Address Ygr N. Carrollton Ave

Date June 12th 1908

Place of Burial Mt. Auburn Cem.

Date June 14 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 12895

City of Baltimore, (No. 117 Chestnut St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jno E. Bond (Bond)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Fouco

(Address) 117 Chestnut St

Filed 6/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 230 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (5)

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Wm Riley Coroner M. D.

June 14 1908 (Address) 1639 Bandy

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Cabury C

DATE OF BURIAL June 14 1908

UNDERTAKER Wm J. Jackson

ADDRESS 1421 Mulberry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

CL2396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 427 S. Dallas St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Pool

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June (Month) 15 (Day) 1856 (Year)

AGE 52 years, 0 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Northumberland Co Va.

FULL NAME OF FATHER John Pack.

BIRTHPLACE OF FATHER (State or country) Northumberland Co Va.

MAIDEN NAME OF MOTHER Mary Pack

BIRTHPLACE OF MOTHER (State or country) Northumberland Co Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant) Wm Thompson

(Address) 427 S. Dallas

Filed 6/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 13 1908.

that I last saw her alive on June 13 1908,

and that death occurred, on the date stated above, at 7.20 P. M. The CAUSE OF DEATH was as follows:

Paralysis.

(DURATION) ..... DAYS

Contributory .....

(DURATION) 10 DAYS

(Signed) Fred W Weber M. D.

June 14 1908 (Address) 1721 Caulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Niles Wharf Va	15 June 1908
UNDERTAKER	ADDRESS
John W Henderson	31 N Caroline

WM. J. C. DULANY CO., BALTIMORE

Ward 11 C12897 Registered No. B 130

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lidia C. Wilson.

{ Residence, if in Baltimore, Give Street and Number. } Terra Alta - West Virginia.

Duration of Residence in Baltimore. 10 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 52. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Frank Kirby

(Address) 110 E. North Ave.

Filed 6/14" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14th 1908

I HEREBY CERTIFY, That I attended deceased from June 4th 1908 to June 14th 1908 that I last saw her alive on June 14th 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of Stomach and Intestines.

— (DURATION) — DAYS

Contributory (Primary.) Operation for Retroversion & Fibroid (DURATION) DAYS

(Signed) Frank Kirby M.D. E.H.

Address 110 E. North Ave.

Date June 14th 1908

Place of Burial Terra Alta West Virginia

Date June 15 1908

Undertaker Henry Stock Son

Address 130 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C12898 Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 859 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Rolfes

{ Residence, if in Baltimore, Give Street and Number. } 859 S. Dallas

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 18th 1876

AGE: 32 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Bernard T. Rolfes

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Catharine Bocklage

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Rolfes

(Address) 859 S. Dallas St.

Filed 6/14" 190 8 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 190 8

I HEREBY CERTIFY, That I attended deceased from May 1 190 8 to June 12 190 8

that I last saw him alive on June 11 190 8

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Hepatoma of the liver causing hemalogenous jaundice

(DURATION) 43 DAYS

Contributory (Primary) _____

(DURATION) DAYS

(Signed) C. G. Rinck M.D.

Address 700 E. Baltimore St

Date June 12 190 8

Place of Burial St Alphonsus Cemetery

Date JUN 15 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 (12859) Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1258 James St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Thelma Sauk

{Residence, if in Baltimore, Give Street and Number.} 1258 James St.

Duration of Residence in Baltimore.. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 11, 1908

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John W. Sauk

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Grace McKenzie

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. W. Sauk

(Address) 1258 James St.

Filed 6/14" 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14, 1908

I HEREBY CERTIFY, That I attended deceased from June 11, 1908 to June 14, 1908 that I last saw h er alive on June 14 1908, and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth
6 Months Gestation

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Trumpkins M.D.

Address 653 Columbia ave

Date June 14, 1908

Place of Burial Loudon Park

Date June 15 th 1908

Undertaker A. Jones

Address 216 S. Stricker st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12300 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. # 628 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Novakowska

{ Residence, if in Baltimore, Give Street and Number. } 628 S. Bond St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: – years, 6 months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Andrew Nowakowski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Katie Jankowiak.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Nowakowski.

(Address) 628 S. Bond St

Filed 6/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 14 1908 to June 14 1908 that I last saw her alive on June 14 1908, and that death occurred, on the date stated above, at 1 1/2 P. M. CAUSE OF DEATH (Secondary or immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St.

Date June 14 1908

Place of Burial Holy Rosary

Date Monday June 15" 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12901 Registered No. B C12901

CERTIFICATE OF DEATH.

(Place of Death.) No. 2510 St. Paul St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Edwin Bennett

{Residence, if in Baltimore, Give Street and Number.} 2510 St. Paul St

Duration of Residence in Baltimore. 67 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 6th 1818

AGE: 90 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Newhall, England

FULL NAME OF FATHER: Daniel Bennett

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Martha Webster

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Priest of Edwin Bennett Post 5

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Tilbert

(Address) 1508 St. Paul St

Filed 6/15 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1908

I HEREBY CERTIFY, That I attended deceased from May 17th 1908 to June 13th 1908 that I last saw him alive on June 13th 1908 and that death occurred, on the date stated above, at 9:55 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart Failure

(DURATION) 27 DA

Contributory (Primary.) Arteio Sclerosis

(DURATION) DA

(Signed) H. T. Reynolds M.D.

Address 2044 St. Paul St

Date Balt. June 14th 1908

Place of Burial Druid Ridge Cemetery

Date June 16th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C12902 Registered No. B

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 Clifton St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margarit Hazel Godman

{ Residence, if in Baltimore, Give Street and Number. } 1608 Clifton st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 2 May 1895

AGE: 3 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William E Godman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margarit

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E Godman

(Address) 1608 Clifton st

Filed 6/15 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 13th 1908

I HEREBY CERTIFY, That I attended deceased from June 13th 1908 to June 13th 1908 that I last saw h-r alive on June 13th 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) one DAYS

Contributory (Primary.) Meningitis

(DURATION) one DAYS

(Signed) E. G. Shower M.D.

Address 1224 N. North ave.

Date June 13th 1908

Place of Burial Gouden Park

Date June 15 1908

Undertaker Josiah Syfer

Address 1600 N North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 12 C12903 Registered No. B

CERTIFICATE OF DEATH.

76

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mannis Marks

{ Residence, if in Baltimore, Give Street and Number. } 802 Myrtle Ave Brooklyn N.Y.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): American

FULL NAME OF FATHER: Herman Marks.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Baer

(Address) 177 Stockton St. Brooklyn

Filed 6/15 1908

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14th 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to June 14 1908 that I last saw h alive on June 14 1908, and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cellulitis of neck

(DURATION) 7 DAYS

Contributory (Primary.) Diabetes mellitus

(DURATION) 7 DAYS

(Signed) Edward Ingler M.D.

Address Hebrew Hospital

Date June 14 1908

Place of Burial Rosedale Cemetery

Date June 15 - 1908

Undertaker Mc Guinn - Curran

Address 1227 Mulliken St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

C12904 Registered No. B C12904

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1118 N. Potomac st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Heise

{Residence, if in Baltimore, Give Street and Number.} 1118 N. Potomac st

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 17 1839

AGE: 68 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penn

FULL NAME OF FATHER: Frederick Brandt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Green

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Noah Heise

(Address) 1118 S. Potomac St.

Filed 6/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2. 1907 to June 12. 1908 that I last saw her alive on June 11. 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Syncope

(DURATION) 1 DAYS

Con'tributory (Primary.) Mitral Insufficiency followed by Hemiplegia (DURATION) 8 months.

(Signed) D. W. Jones M.D.

Address 3116 O'Donnell st

Date June 14. 1908

Place of Burial Greenmount

Date June 15 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12905 Registered No. B 129

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Taylor

{Residence, if in Baltimore, Give Street and Number.} 916 Greenwillow St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Price

(Address) 916 Greenwillow

Filed 6/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to June 13 1908 that I last saw her alive on June 12 1908, and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

..... (DURATION) ..... DAYS

Contributory (Primary.) Inoperable fibroid of uterus (DURATION) ..... DAYS

(Signed) Wm J Schmitz M.D.

Address City Hospital.

Date June 13 — 08. 1908

Place of Burial Laurel

Date June 15 1908

Undertaker R. A. Elliott

Address 3706 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12906 Registered No. B C12906

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1911 Broadway St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lillie May Baker

{ Residence, if in Baltimore, Give Street and Number. } 1911 Broadway

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 17 1870

AGE: 37 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm H Baker Sr

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Marshall Livingston

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Baker Sr

(Address) 1911 Broadway

Filed 6/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1908

I HEREBY CERTIFY, That I attended deceased from 190 to June 13 1908

that I last saw her alive on 190 8 6.30

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Forbois Phthisis

Two years. (DURATION) DAYS

(Signed) J. B. Joyce M.D.

Address 1800 N. North Ave

Date June 14 1908

Place of Burial Baltimore Cem

Date June 15 1908

Undertaker H. Allen Fuller

Address 2012 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12907 Registered No. B C12907

81

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Gossman

{ Residence, if in Baltimore, Give Street and Number. } 651 ~~Block~~ N. Paca St.

Duration of Residence in Baltimore. 6 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): ~ ~ ~ ~

OCCUPATION OF DECEASED: Street Paver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs George Heath

(Address) 651 N Paca St

Filed 6/15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 4 1908 to June 14 1908 that I last saw h.. alive on June 13 1908, and that death occurred, on the date stated above, at 1:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Cerebral arterio sclerosis (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 6/14 1908

Place of Burial Holy Redeemer

Date 6/17 1908

Undertaker Wm J Schilling

Address 9 S Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C12908 Registered No. B C12908

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 113 S Arlington av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McGuirk

{Residence, if in Baltimore, Give Street and Number.} 113 S Arlington av

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John McGuirk

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Cathrine Quenn

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cathrine McGuirk

(Address) 113 S Arlington av

Filed 6/15 190 5 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 25 190 5

I HEREBY CERTIFY, That I attended deceased from May 1 190 5 to June 13 190 5

that I last saw h[illegible] alive on June 13 190 5,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Paralysis?

(DURATION) DAYS

(Signed) F. L. Sommer M.D.

Address 1302 W Lombard

Date June 15 C 190

Place of Burial St Peters

Date June 16 190 5

Undertaker John J Coyan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12309 Registered No. B C12309

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 8 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James K Murphy

{ Residence, if in Baltimore, Give Street and Number. } 8 S Bond St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct 13, 1844

AGE 63 years, 8 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Rebecca Thornton

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Watchmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Most

(Address) 8 S. Bond st

Filed 6/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Greene St

Date 190

Place of Burial National Cemetery

Date June 15 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Edger at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12910 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1947 Ridgewood Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Bauer (Bauer)

{Residence, if in Baltimore, Give Street and Number.} 1947 Ridgewood Ave.

Duration of Residence in Baltimore. 54 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 8, 1838 ~~1838~~

AGE 70 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Mr. Philosphilla

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Bauer.

(Address) 1947 Ridgewood Ave

Filed 6/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14, 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to June 14 1908 that I last saw her alive on June 14 1908, and that death occurred, on the date stated above, at 2:35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

11 hours (DURATION)

Contributory (Primary.) Chronic Interstitial Nephritis. Arteriosclerosis (DURATION) years DAYS

(Signed) Roscoe C. Metzel M.D.

Address 1903 W. Northern.

Date June 14 1908

Place of Burial London Park Cemetery

Date June 17 1908

Undertaker Mrs A Rohde & Son

Address 730. Fulton Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12911 Registered No. B C12911

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1123 Fallsway E St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Mason

{Residence, if in Baltimore, Give Street and Number.} 1123 Fallsway E

Duration of Residence in Baltimore. 64 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 29 Oct 1834

AGE 76 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Queen Co Maryland

FULL NAME OF FATHER Wm Mason

BIRTHPLACE OF FATHER (State or country) Queen Co. Maryland

MAIDEN NAME OF MOTHER Miranda L Bradford

BIRTHPLACE OF MOTHER (State or country) Harford Co Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. E Mason

(Address) 1123 Fallsway E

Filed 6/15 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 13 1908

that I last saw h alive on June 13 1908

and that death occurred, on the date stated above, at 12p

M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(Exhaustion)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Hunt M.D.

Address 1914 Eutaw Pl

Date June 13 1908

Place of Burial Loudon Park

Date June 15-1908

Undertaker Geo J Smith Co

Address 1060 Fayette E

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12012 Registered No. C12012 17?

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Marsh Market Space St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Johnson C

Residence, Give Street and Number, Unknown Harrison st near Bay.

Duration of Residence in Baltimore, Unknown

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR Colored

DATE OF BIRTH Unknown

AGE About ~~70~~ 50 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. ?

BIRTHPLACE (State or county) ?

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or county) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or county) ?

OCCUPATION OF DECEASED ?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter of Chas Johnson

(Address) in Baltimore

Filed 6/15 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 30 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~ 190 to 190

~~that I last saw h~~ alive on 190

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Drowned.

Accidental.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. J. Peline M. D.

Address 1639 Bank Corner

Date June 13 — 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 13 1908 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

Remarks

Morgue

FOR ANATOMICAL PURPOSES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C12913 Registered No. B

CERTIFICATE OF DEATH.

11 6

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Martin

{ Residence, if in Baltimore, Give Street and Number. } 630 Campbell St-

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Rathman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary O'Brine

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Fombard

Filed 6/15- 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-13 1908

I HEREBY CERTIFY, That I attended deceased from 6-5- 1908 to 6-13 1908

that I last saw her alive on 6-13 1908,

and that death occurred, on the date stated above, at 12:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis with Cardiac Asthenia

(DURATION) 5- DAYS

Contributory (Primary.) Appendicitis

(DURATION) DAYS

(Signed) G. W. Billups M.D.

Address University Hospital

Date 6-13 1908

Place of Burial Western

Date June 16th 1908

Undertaker John J. Fields

Address 1200 W. Fombard St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

36

CERTIFICATE OF DEATH.

Registered No. B C12914

City of Baltimore, (No. 726 W. Lexington St.; 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward T. Boyd

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 9 (Day) 1908 (Year)

AGE: — years, — months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (Infant)

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edward Boyd

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Maude Marker

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None (Infant)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1201 W. Lombard

Filed 6/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Inanition

..... (DURATION) ..... DAYS

Contributory Luetic (Congenital)

..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M.D.

June 14 1908 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Peters	June 15th 1908
UNDERTAKER	**ADDRESS**
John J. Fields	1201 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C12915 Registered No. B C12915

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 917 S. Hare St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hunter Ober (Ober)

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ 917 S. Hare st.

Duration of Residence in Baltimore. Life C12915

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1864	
AGE: 44 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balto. Md	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): England	
MAIDEN NAME OF MOTHER: Lussie Monroe	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED: Oiler	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Ober

(Address) 917 Hare St

Filed 6/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 10th 1908 to June 14 1908

that I last saw h[illegible] alive on June 12 1908,

and that death occurred, on the date stated above, at 8.5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) Unknown DAYS

Contributory (Primary) Asthenia (DURATION) 1 week DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Pantopa

Date June 14 1908

Place of Burial Mt. Carmel Cemetery

Date June 16 1908

Undertaker Wm Cook

Address 502 E Northave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C12916 Registered No. B C12916

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 1113 Denora St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam J. Roth

{Residence, if in Baltimore, Give Street and Number.} 1113 Denora St.

Duration of Residence in Baltimore Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Henery Roth

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Sender

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Roth

(Address) 1113 Denora St

Filed 6/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1908

I HEREBY CERTIFY, That I attended deceased from June 2 1908 to June 12 1908

that I last saw h— alive on June 12 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 9 DAYS

Contributory (Primary) Cardiac asthenia

(DURATION) 1 DAYS

(Signed) J. Morley Stoag M.D.

Address 721 Columbia Ave

Date June 13 1908

Place of Burial Western Cem.

Date June 15 1908

Undertaker William Cook

Address 502 North Ave. E.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C12917 Registered No. B C12917

CERTIFICATE OF DEATH.

(Place of Death.) No. 2041 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Ernest Wagner

{Residence, if in Baltimore, Give Street and Number.} 2041 Orleans St

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Feby 2 1824

AGE 84 years, 4 months, 12 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Book binder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam W. Wagner

(Address) Lansdowne Balto Co Md.

Filed 6/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14. 1908

I HEREBY CERTIFY, That I attended deceased from June 9 1908 to June 14 1908 that I last saw him alive on June 13 1908 and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 10 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date June 14 1908

Place of Burial Loudon Park Cem

Date 6/16/08 190

Undertaker J. Hemig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE,

40

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12919

Registered No. B.....

City of Baltimore, (No. 515 Eutaw St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel Horwitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. Male

COLOR: White -

DATE OF BIRTH: June (Month) 15 (Day) 1864 (Year)

AGE: 43 years, 11 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Europe

FULL NAME OF FATHER: Moses Shrin

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Sarah Cadenwith

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Horwitz

(Address) 515 Eutaw St. -

Filed 6/15 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 14th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March - 1908 to June 14th 1908

that I last saw her alive on 14th Jun 1908,

and that death occurred, on the date stated above, at 12.30

M. The CAUSE OF DEATH was as follows:

Cause of Live

(DURATION) DAYS

Contributory Incarceration & Starvation

Heart Failure (DURATION) DAYS

(Signed) Howard L. Silver M. D.

June 15th 1908 (Address) 1914 Bolton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Rol Helena Washington

DATE OF BURIAL: June 15, 1908

UNDERTAKER: Max Levinson

ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C12918 Registered No. B C12918

CERTIFICATE OF DEATH.

(Place of Death.) No. 2607 Gorsuch Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary W. McGregor

{Residence, if in Baltimore, Give Street and Number.} 2607 Gorsuch Road

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Mar 31 1844

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Chas Zumbrun

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Mumert

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Hoffman

(Address) 2607 Gor Rd

Filed 6/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1908

I HEREBY CERTIFY, That I attended deceased from April 6 1908 to June 13 1908 that I last saw h[illegible] alive on June 13 1908, and that death occurred, on the date stated above, at 8 23 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Brights Disease (DURATION) 60 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Louis D. McCarran M.D.

Address 416 E North Ave

Date June 14 1908

Place of Burial Loudon Pk

Date June 15 1908

Undertaker Robt J Turner

Address 1742 N. Gay.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C12920 Registered No. B .....

CERTIFICATE OF DEATH.

33

(Place of Death.) Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wesley Watkins

{ Residence, if in Baltimore, Give Street and Number. } Guilford Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 44 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Quarryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 6/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from May 22 1908 to June 14 1908

that I last saw ~~him~~ alive on June 14 1908,

and that death occurred, on the date stated above, at 6 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of kidneys

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) P. K. Clough M.D.

Address Johns Hopkins Hospital

Date June 15 1908

Place of Burial Laurel Md

Date June 15 1908

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12921 Registered No. B 45

CERTIFICATE OF DEATH.

(Place of Death.) No. 238 North Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie He. Reister

{Residence, if in Baltimore, Give Street and Number.} 238 North Carey St.

Duration of Residence in Baltimore. always.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH February 2 1850

AGE 58 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Josef Cannon

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Gritt

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B. Olsen

(Address) 238 N Carey St

Filed 6/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1908

I HEREBY CERTIFY, That I attended deceased from June 1904 to June 13 1908 that I last saw her alive on June 13 1908, 10 A. M. and that death occurred, on the date stated above, at 9

CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach & Bladder.

(DURATION) 330 DAYS

Contributory (Primary.) Cancer of the uterus

(DURATION) DAYS

(Signed) O. H. A. Mayer M.D.

Address 1618 Madison Ave

Date Baltimore June 13 1908.

Place of Burial London Park

Date Jun 15 1908

Undertaker W. J. Dickenson Son

Address Hamden & Paca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C12922 Registered No. B C12922

110

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Genl Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Frances Downs

{Residence, if in Baltimore, Give Street and Number.} 924 Jenkins Alley

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Alfred Downs

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Price

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Annie Price

(Address) 924 Jenkins alley

Filed 6/15 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 14 1908 that I last saw her alive on June 14 1908, and that death occurred, on the date stated above, at 5 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Yellow Atrophy

(DURATION) 6 DAYS

Contributory (Primary.) Pregnancy

(DURATION) 9 mos. DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W Lafayette ave

Date June. 15 1908.

Place of Burial Laurel Cem

Date June 17 1908

Undertaker R. A. Elliott

Address 506 Bogue Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12923 Registered No. B C12923

CERTIFICATE OF DEATH.

(Place of Death.) No. 1241 Hanbert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Schnell

{Residence, if in Baltimore, Give Street and Number.} 1241 Hanbert St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 27th 1874.
AGE	34 years, — months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Joseph Schnell
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Mary Ludwig
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Schnell.

(Address) 1241 Hanbert St.

Filed 6/15 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 1907 to June 12 1908.

that I last saw him alive on June 12 1908,

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure - Exhaustion

Asphyxia

(DURATION) 14 DAYS

Contributory (Primary.) Tuberculosis

Pt Lung about 2 months. (DURATION) DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Baltimore St.

Date June 15th 1908.

Place of Burial Loudon Hill

Date June 16th 1908

Undertaker Jno. Stuntebeck

Address 13 S. Eight St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B [illegible]

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1631 Cuba St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Myrtle L. Brigerman

{Residence, if in Baltimore, Give Street and Number.} 1631 Cuba St.

Duration of Residence in Baltimore. Life

C 12924

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 5th 1908

AGE ..... years, 3 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Brigerman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Eliza. Staley

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Brigemann

(Address) 1631 Cuba St.

Filed 6/15 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to June 14 1908 that I last saw h[illegible] alive on June 14 1908, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Dysentery

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) 3 DAYS

(Signed) H. O. Smith M.D.

Address 520 Kennard St.

Date June 15 1908.

Place of Burial Cedar Hill

Date June 16 1908

Undertaker H. O. Stanteleff

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

Ward 10 (12925) Registered No. B (illegible)

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 113 N. Carrollton ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan M. Davis

{Residence, if in Baltimore, Give Street and Number.} 113 N. Carrollton ave -

Duration of Residence in Baltimore. Never Known

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 12 - 1837

AGE 70 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) New Market, Pa.

FULL NAME OF FATHER John Shenton

BIRTHPLACE OF FATHER (State or country) Cambridge, Md.

MAIDEN NAME OF MOTHER Eliz. Miller

BIRTHPLACE OF MOTHER (State or country) New Market, Pa.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C. Allen, (daughter)

(Address) 113 N. Carrollton ave.

Filed 6/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 14 1908

that I last saw her alive on June 14 1908

and that death occurred, on the date stated above, at 8.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis

(DURATION) 14 DAYS

(Signed) Henry C. Allen M.D.

Address 1203 N. Fayette St

Date June 14 1908

Place of Burial Baltimore Cemetery

Date June 16 1908.

Undertaker E. W. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C12926 Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Veronica Schultz

{ Residence, if in Baltimore, Give Street and Number. } 1325 Park Ave.

Duration of Residence in Baltimore. 76 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 2 1827

AGE 80 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER S

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Susan Drunk

(Address) Eden Terrace

Filed 6/15 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from June 4 1908 to June 15 1908 that I last saw her alive on June 14 1908, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senility and cardiac arrhea.

(DURATION) 7 DAYS

Contributory (Primary) Traumatic fracture of neck of right femur (due to slipping)

(DURATION) 1/2 DAYS

(Signed) Frank Sheppard M.D.

Address University Hospital

Date June 15 1908

Place of Burial Baltimore Cem.

Date June 16. 1908

Undertaker 1201 W. Fayette St

Address E. W. Mitchell

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12927 Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 Brewers Lumber Company St. (If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name John Schwinger Schwinger

{ Residence, if in Baltimore, Give Street and Number. } 814 S Luzerne st

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 60 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Not Known	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Driver	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Butzner

(Address) 510 S Luzerne St

Filed 6/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Broken Neck

from falling from

Tumbo

1 (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Green St

Date ..... 190.....

Place of Burial 5th Reformed Cem

Date June 17th 1908

Undertaker H. Nicolaus & Son

Address 1820 Banton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12928 Registered No. B C12928

69

CERTIFICATE OF DEATH.

(Place of Death.) No. 510. South Rose Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Lindemore

{ Residence, if in Baltimore, Give Street and Number. } 510. S. Rose Street

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 22 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jno Lindemore

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sophie Swartz

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S. Kramer

(Address) 510 S Rose St

Filed 6/15 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to June 14 1908 that I last saw him alive on June 14 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date June 15 1908

Place of Burial Mount Carmel

Date June 16 1908

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12929 Registered No. B C12929

CERTIFICATE OF DEATH.

8

(Place of Death.) No. 916 Waters Ct. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Elizabeth - Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 916 Waters Ct.

Duration of Residence in Baltimore. 16 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: January 24 1907

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. Frank Dorsey

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Mary Butler

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Butler (Mother)

(Address) 916 Waters St.

Filed 6/15 1908

HARRY C. ANDREW
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 9 1908 that I last saw h alive on June 9 1908, and that death occurred, on the date stated above, at 10.55 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Whooping Cough. tuttering

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Roberts M.D.

Address 1711 Madison Ave.

Date June 15 1908

Place of Burial St Peters Cem

Date June 15th 1908

Undertaker Geo. H. Holland

Address 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

Ward 1 Registered No. C [illegible] 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 632 S. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Born

Residence, Give Street and Number, 632 S. Fremont ave

Duration of Residence in Baltimore, 20 yrs C12930

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: June 24 1838

AGE: 70 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Loerdens

(Address) 217 S. Paca

Filed 6/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 14th 1908

I HEREBY CERTIFY, That I attended deceased from June 3rd 1908 to June 14th 1908

that I last saw her alive on June 13th 1908

and that death occurred, on the date stated above, at 6.3 A M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy (Haemorhagic)

(DURATION) 11 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas L. Buddenbohn M. D.

Address 418. S. Paca st.

Date June 15/0 1908

Place of Burial London Park Cem

Date June 16 1908

Undertaker Jos. Loerdens. Son

Address 217 S. Paca st

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 (12931) Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 618 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Brown.

{Residence, if in Baltimore, Give Street and Number.} 618 N. Spring St.

Duration of Residence in Baltimore. Life. C 12931

PERSONAL AND STATISTICAL PARTICULARS

~~SEX~~ Female | COLOR Colored

DATE OF BIRTH Dec. 10 1870

AGE 37 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Benjamin A. Smith

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Elizabeth P. Nicklas

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth E. Richardson

(Address) 618 N Spring

Filed 6/15 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14, 1908

I HEREBY CERTIFY, That I attended deceased from June 6, 1908 to June 14, 1908

that I last saw h[illegible] alive on June 14, 1908,

and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonalis

(DURATION) 6 mos

Contributory (Primary.)

Exhemia (DURATION) 3 DAYS

(Signed) P. E. Lecky M.D.

Address 2007 Cromwell St

Date June 15, 1908

Place of Burial Loreley, Balto Md

Date June 16th. 1908

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C12932 Registered No. B 81

CERTIFICATE OF DEATH.

(Place of Death.) No. 2311 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Vogeler

{Residence, if in Baltimore, Give Street and Number.} 2311 Linden Ave

Duration of Residence in Baltimore. about 69 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mch 2nd 1819

AGE: 89 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Minden Germany

FULL NAME OF FATHER: Ernst Vogeler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louise Wirdel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helene Geyer

(Address) 2401 Linden Ave

Filed 6/16 1908 (HARRY G. ANDRES) Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 13th 1908

I HEREBY CERTIFY, That I attended deceased from May 18 1908 to June 13 1908 that I last saw h-im alive on June 13 1908, and that death occurred, on the date stated above, at 11 p.m. CAUSE OF DEATH (Secondary or Immediate)

cerebral hemorrhage

May 18 - June 13 (DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) Wm. Seeker M.D.

Address 21 N. Frampton St

Date June 15 1908

Place of Burial Greenmount

Date June 16th 1908

Undertaker Hemsley Bros & Co

Address 300 & 302 Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C12933 Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elena Cooper -

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Black -

DATE OF BIRTH April 1, 1908

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address St Elizabeth Home

Filed 6/16" 1908 BARRY C. ANDERSON Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 3 - 1908 to June 15 1908 that I last saw h[er] alive on June 15 1908, and that death occurred, on the date stated above, at 2 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus -

(DURATION) 2 mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis, M.D.

Address 1519 N. Caroline St

Date June 15 1908

Place of Burial Cathedral Cemetery

Date June 16th 1908

Undertaker Felix B. Pyle

Address 102 E. Fitzbury St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 Registered No. B C12934

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Robinson -

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

C12934

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black -

DATE OF BIRTH: May 1 1908

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George Robinson

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Robinson

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeth Home

Filed 6/16 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 - 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to June 15 1908

that I last saw him alive on June 15 1908,

and that death occurred, on the date stated above, at 2.30

11. CAUSE OF DEATH (Secondary or Immediate

Inanition -

(DURATION) Life DAYS

Contributory (Primary) Congenital Debility (DURATION) Life DAYS

(Signed) A.C. Gillis M.D.

Address 1519 N. Caroline St

Date June 15 1908

Place of Burial Cathedral Cemetery

Date June 16th 1908

Undertaker Felix B. Tyce

Address 102 E Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C12935 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 Lamley St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rufus Jones

{Residence, if in Baltimore, Give Street and Number.} 1905 Lamley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 1 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Jones

(Address) 1905 Lamley St.

Filed 6/16 1908 HARRY G. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred Laumeier M.D.

Address Corner Md & Pa

Date June 15 1908

Place of Burial Laurel

Date June 16 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12936 C12936 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 Bolton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathaniel Dare Sollers.

{ Residence, if in Baltimore, Give Street and Number. } 1815 Bolton St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 9th of June 1908

AGE ✓ years, ✓ months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Nathaniel Dare Sollers

BIRTHPLACE OF FATHER (State or country) Calvert Co. Md

MAIDEN NAME OF MOTHER Fannie Dalrymple Harrison

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathaniel Dare Sollers

(Address) 1815 Baltan St

Filed 6/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15, 1908.

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 15 1908 that I last saw him alive on June 15 1908, and that death occurred, on the date stated above, at 4-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

an hour or two (DURATION) DAYS

Contributory (Primary.) Ulcer-colitis

about one (DURATION) DAYS

(Signed) J. F. Schmuck M.D.

Address 2220 Madison ave.

Date June 15 1908

Place of Burial Loudon Park

Date June 16th 1908

Undertaker H. W. Jenkins Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C12937

C12937

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 W. Hamilton St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas D. Young

{ Residence, if in Baltimore, Give Street and Number. } 418 W. Hamilton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 34 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Daniel Young

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Emily J. Brooks

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Porter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith M. Young

(Address) 418 W. Harriett St.

Filed 6/16 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to June 13 1908

that I last saw him alive on June 12 1908,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) Hours DAYS

Contributory (Primary.) Heart Failure

(DURATION) Hours DAYS

(Signed) W. Fraser M.D.

Address 712 S. Sharp

Date June 15 1908

Place of Burial Int. Auburn Cem.

Date June 16 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C12938 Registered No. B C12938 53

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Adelman

{ Residence, if in Baltimore, Give Street and Number. } 412. N. High Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 6/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 15" 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 15 1908 that I last saw her alive on June 15 1908, and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lymphatic Leukaemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. N. Clough M.D.

Address Johns Hopkins Hospital

Date June 15 1908

Place of Burial Baltimore Hebrew Cemetery

Date June 16 190

Undertaker Jacob Ahrens & Co

Address 1160 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C12939 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Zimtek.

{Residence, if in Baltimore, Give Street and Number.} #514 S. Dallas St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W—

DATE OF BIRTH: June 10 1908

AGE: — years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): John Zimtek.

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Zimtek

(Address) 514 S. Dallas St

Filed 6 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 15 1908

that I last saw h— alive on June 15 1908,

and that death occurred, on the date stated above, at ——

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 hrs DAYS

Contributory (Primary.) Acute Indigestion

(DURATION) 2 hrs DAYS

(Signed) J. J. Valentine M.D.

Address 16 S. Bunker

Date June 16 1908

Place of Burial St Stanislaus

Date June 16 1908

Undertaker M. F. Sadowske

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY, OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12940

City of Baltimore, (No. 334 W, Cedar Ave St.; 13 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alva L Carpenter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 9 (Day) 1825 (Year)

AGE: 83 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Mass

FULL NAME OF FATHER: Alva Carpenter

BIRTHPLACE OF FATHER (State or country): Mass

MAIDEN NAME OF MOTHER: Wolcott

BIRTHPLACE OF MOTHER (State or country): Mass

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Alida Carpenter

(Address) 334 W Cedar Ave

Filed 6/16 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1906 to June 15 1908

that I last saw h alive on June 14 1908,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Rt H Hemiplegia

(DURATION) 802 DAYS

Contributory Pulmonary edema

(Enter nothing) (DURATION) 5 DAYS

(Signed) R. B. Norment M. D.

June 16 1908 (Address) 33 42 Chestnut Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Dr Mary N. | DATE OF BURIAL: June 16 1908

UNDERTAKER: A. S Marshall | ADDRESS: 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C12941 Registered No. B C12941

CERTIFICATE OF DEATH. 99

(Place of Death.) No. 1115 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Solomon Hurwitz

{Residence, if in Baltimore, Give Street and Number.} 1115 E Lombard St

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1854

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Benny Hurwitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mr Kurun

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ike Hurwitz.

(Address) 1115 E. Lombard

Filed 6/16 1908

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to June 15 1908 that I last saw h alive on " " 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Abscess of Lung

About 6 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Collenberg M.D.

Address 810 E Baltimore St.

Date June 15/08 1908

Place of Burial Hebrew Rosedale

Date June 16, 1908

Undertaker Mark Lemmon

Address 620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C12342 Registered No. B C12342

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1415 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Cornelia Talbot.

{ Residence, if in Baltimore, Give Street ana Number. } 1415 Druid Hill Ave.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: May 31 1830

AGE: 58 years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed.

BIRTHPLACE (State or country): Anne Arundel Co. Md

FULL NAME OF FATHER: Amos Francis Talbot

BIRTHPLACE OF FATHER (State or country): Prince Georges Co. Md

MAIDEN NAME OF MOTHER: Cornelia Turner.

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co. Md

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosetta Talbot.

(Address) 1415 Druid Hill Ave.

Filed 6/16 1908

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14, 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to ... 190...

that I last saw her alive on June 13 1908, and that death occurred, on the date stated above, at 7.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Secondary Heart Failure

Md

5 yrs (DURATION) ... DAYS

Contributory (Primary.) Chr Parenchymatous Nephritis (DURATION) ... DAYS

(Signed) S. Baldwin Jacobs M.D.

Address 534 Mosher St.

Date June 14, 1908

Place of Burial Mt. Auburn Cemetery

Date June 17th. 1908

Undertaker Felix B. Poe

Address 102 E. Mulberry St.

I have attended this case, previous to June 13, 1908.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

C12943 Registered No. C C12943

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 536 N. Bidde St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Page

Residence, Give Street and Number, 536 N. Bidde St

Duration of Residence in Baltimore, 25 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: ? 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Sumel md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eldridge Page

(Address) 536 W Biddle

Filed 6/16 1908 Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from Mar 10th 1908 to Jun 14th 1908

that I last saw h— alive on " " 1908

and that death occurred, on the date stated above, at 11 A M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute Bright Disease

3 Mons - (?) (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. M. Lehmayer M. D.

Address 212 N. Fremont Ave

Date Jun 16th 1908

Place of Burial Mt Zion

Date June 16 1908

Undertaker R. A. Elliott

Address 916 Rogers ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12941 Registered No. B C12941

CERTIFICATE OF DEATH. 17

(Place of Death.) No 3250 Barclay St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine D. Hammond

{ Residence, if in Baltimore, Give Street and Number. } 3250 Barclay St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robert Aylewood

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address)

Filed 6/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908.

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to June 13 1908 that I last saw her alive on June 13 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Robt. G. Schmuck M.D.

Address 424 East 23 St

Date June 15, 1908.

Place of Burial Mt Auburn Cemetery

Date June 16 1908

Undertaker A. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12345 Registered No. B C12345

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 555 Offord St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gladys Turner (Turner)

{Residence, if in Baltimore, Give Street and Number.} 555 Offord St

Duration of Residence in Baltimore. 3 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: mulatto

DATE OF BIRTH: Feb. 25 1908

AGE: ..... years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Thomas Turner

BIRTHPLACE OF FATHER (State or country): Prince George Co. Md.

MAIDEN NAME OF MOTHER: Christiana Hebron

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christiana Turner (mother)

(Address) 555 Offord St

Filed 6/16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to ..... 190.

that I last saw h[illegible] alive on June 11 1908.

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) M. A. Walker M.D.

Address 1711 Madison ave.

Date June 15, 1908

Place of Burial [redacted] Cathedral Cemetery

Date June 16 190[illegible]

Undertaker John H Owens & Son

Address 1222 Dumas st

PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 Registered No. B C12946

C12946

CERTIFICATE OF DEATH.

47

(Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora M O'Connor (Colored)

{ Residence, if in Baltimore, Give Street and Number. } 1138 N. Pandora St

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Alexander Muller

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Mary Bailey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Hollingshade

(Address) 1009 E Baltimore St

Filed 6/16 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to June 15 1908 that I last saw h[er] alive on June 14 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nitrite Obstruction (Heart)

5 hrs (DURATION) DAYS

Con'tributory (Primary.) Rheumatism

(DURATION) DAYS

(Signed) Dan O'Neill M.D.

Address 712 Park Ave

Date June 15th 1908

Place of Burial Glen Spring Washington Co Md

Date June 17 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 13 C12947 Registered No. B C12947

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise Friday

{Residence, if in Baltimore, Give Street and Number.} 1622 S Charles St.

Duration of Residence in Baltimore. 53 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	1827
AGE	81 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	unknown
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Miller

(Address) 1622 S. Charles St

Filed 6/16 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to Jan 14 1908 that I last saw her alive on Jan 14 1908, and that death occurred, on the date stated above, at 8-30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Infirmities of old age (DURATION) Indefinite DAYS

(Signed) R. L. Campbell M.D.

Address 1644 Hanover St

Date June 15 1908

Place of Burial Loudon Park Cem.

Date June 17 1908

Undertaker Wm Cook

Address 502 E Monument Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12948 Registered No. B C12948

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patience Wilson

{ Residence, if in Baltimore, Give Street and Number. } 513 W. Franklin St.

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: Oct 28 1827

AGE: 80 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Kent Del

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. H.B. Woodall

(Address) 513 W. Franklin St

Filed 6/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to June 15th 1908

that I last saw her alive on June 14th 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis & Dropsy.

(DURATION) 45 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Jas. J. McCarthy M.D.

Address 656 W. Franklin

Date June 15th 1908

Place of Burial Clayton, Del

Date June 17 1908

Undertaker Mrs. A. Bohdetsen

Address 730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C12949 — Registered No. B C12949

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1340 Carroll St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florella Adkins

{Residence, if in Baltimore, Give Street and Number.} 1340 Carroll St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col-

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt city

FULL NAME OF FATHER Elie adkins

BIRTHPLACE OF FATHER (State or country) new York

MAIDEN NAME OF MOTHER Julia Johnson

BIRTHPLACE OF MOTHER (State or country) Balt city

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Julia adkins

(Address) 1340 Carroll St

Filed 6/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1908

I HEREBY CERTIFY, That I attended deceased from June 8th 1908 to June 13th 1908

that I last saw her alive on " " 1908,

and that death occurred, on the date stated above, at 5 P.

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

about 3 days (DURATION) DAYS

Contributory (Primary.) Previous attack of Pneumonia (DURATION) 2 mos. ago DAYS

(Signed) E. L. Nuckols M.D.

Address 504 S. Paca St

Date June 15th 1908

Place of Burial Mt Auburn Cemetery

Date June 16 1908

Undertaker Wm H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12. C12950 Registered No. B 12950

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name M. S. Benton (Morgan S Benton)

{Residence, if in Baltimore, Give Street and Number.} 406 W. Pratt St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Benton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Ray Benton

(Address) 3928 Park Heights Ave

Filed 6/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 15 1908

that I last saw him alive on June 15 1908.

and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of heart.

(DURATION) DAYS

Contributory (Primary.) Acute endocarditis (DURATION) DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date June 15 1908

Place of Burial Monrovia Md

Date June 16 1908

Undertaker W. J. Jenkins

Address 425 West Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12951 Registered No. B C12951

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 722 N. Henry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herman H. F. Woldman

{Residence, if in Baltimore, Give Street and Number.} 722 N. Henry St Balto

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Hesse Cassel Germany

FULL NAME OF FATHER Heinrich Woldman

BIRTHPLACE OF FATHER (State or country) Hesse Cassel Germany

MAIDEN NAME OF MOTHER Elizabeth Goldgrave

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Woldman

(Address) 722 McHenry

Filed 6/16 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to June 13th 1908 that I last saw h[illegible] alive on June 13 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Stomach

3 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. F. Nicholson M.D.

Address 115 W. Franklin

Date June 15th 1908

Place of Burial Baltimore Cem

Date June 16 1908

Undertaker H. J. Dickenson Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B C12952

C12952 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 Woodward Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno Stumpf

{ Residence, if in Baltimore, Give Street and Number. } 803 Woodward St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 18 1825

AGE 82 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jno Stumpf

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mrs Lutz

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Stumpf

(Address) 803 Woodward

Filed 6/16 1908. HARRY C. ANDREWS, PERMIT CLERK Registrar

Dr Grempler

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17th 1908

I HEREBY CERTIFY, That I attended deceased from April 1908 to June 17th 1908, that I last saw him alive on June 13 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Decay

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edml Grempler M.D.

Address 517 Lanvale

Date June 17th 1908

Place of Burial Holy Cross Cem

Date June 17 1908

Undertaker W. J. Tickner Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C12953

C12953

CERTIFICATE OF DEATH.

36

(Place of Death.) No. 28 S. Regester St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Price
Infant of Jennie "

{ Residence, if in Baltimore, Give Street and Number. } 28 S. Regester St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Blk.

DATE OF BIRTH June 13 1908

AGE ..... years, ... months, 1 days

SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jennie Price

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Bessie Booker

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 14 1908 that I last saw her alive on June 14 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

(DURATION) ..... DAYS

Contributory (Primary.) Premature

& Mon. (DURATION) ..... DAYS

(Signed) W. S. Paine M.D.

Address Johns Hopkins Hosp.

Date June 14 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 15 1908 190 ....

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

Ward [illegible] C12954 Registered No. B C12954

CERTIFICATE OF DEATH.

17r

(Place of Death.) No. Front of Marsh Market Space Lay Dock St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Allen Timms

{ Residence, if in Baltimore, Give Street and Number. } Anne Arundel County — Md Shady Side

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH [illegible] 17r

AGE about 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 — 1908

I HEREBY CERTIFY, That I attended deceased from accident

..... 190 .... to ..... 190 ....

that I last saw him ..... alive on ..... 190 ....

and that death occurred, on the date stated above, at 1.15 — P. M. CAUSE OF DEATH (Secondary or Immediate

Drowned

Accidental —

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 1639 Bunker

Date June 6 — 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 15 1908 190 —

Undertaker Commissioner Health,

Address Per. Wm. E. WORRALL

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

110

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

012955 40

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 443, E. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 15 (Day) 1846 (Year)

AGE: 62 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob J. Lutz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Evans

(Address) 443 E. Lanvale St.

Filed 6/16 1908 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 14th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 20th 1908 to June 14th 1908, that I last saw her alive on " 13th 1908, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Carcinoma of the pylorus, of probably about 3 months (DURATION) ..... DAYS

Contributory Exhaustion from defective digestion (DURATION) ..... DAYS

(Signed) Eldridge C. Price, M. D.

June 14 1908 (Address) 1012 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	June 16 1908
UNDERTAKER	ADDRESS
C. A. Weidefeld & Sons	2 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C12956 Registered No. B C12956

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 2051 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Ebert

{Residence, if in Baltimore, Give Street and Number.} 2051 E. Monument St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Peter Ebert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizebeth Peter

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Ebert

(Address) 2057 E. Monument

Filed 6/ 190 8

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13 1908

I HEREBY CERTIFY, That I attended deceased from May 13 1908 to June 13 1908

that I last saw h— alive on June 13 1908

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Chron. Bronchitis

..... (DURATION) 1 mo DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. J. Valentine M.D.

Address 16 E Baltimore

Date June 14 1908

Place of Burial St. Matthews Cem.

Date 6/16/08 190—

Undertaker Henry & Son

Address 1008 Aliceanna St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C12957

Registered No. B

City of Baltimore, (No. 107 N. Front St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Freda Winkler

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jake Winkler

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jake Winkler

(Address) 107 N Front St

Filed 6/16 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 16th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 8th 1908 to June 16th 1908

that I last saw h[illegible] alive on June 16th 1908

and that death occurred, on the date stated above, at 5:30 A.M. The CAUSE OF DEATH was as follows:

Sepsis following Infection

(DURATION) 14 DAYS

Contributory Congestive Liver

(DURATION) 2 DAYS

(Signed) A. F. Laeri M. D.

June 16th 1908 (Address) 2003 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Baltimore	June 16 1908
UNDERTAKER	**ADDRESS**
Max Kinna	[illegible] Eden St

WM. J. C. DULANY CO., BALTIMORE

Ward ..... C12958 Registered No. B C12958

CERTIFICATE OF DEATH. 120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Otto Thomas

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Lab—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) .....

Filed 6/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 — 1908

I HEREBY CERTIFY, That I attended deceased from June 3 — 1908 to June 15 1908 that I last saw h— alive on June 15 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphixia.

..... (DURATION) — DAYS

Contributory (Primary.) Exhaustion.

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address Bay View Asylum.

Date June 15 — 1908

Place of Burial .....

Date JUN 16 1908 190...

Undertaker G. L. Hurley

Address 931 N. Mount St

WM. J. C. DULANY CO., BALTIMORE

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C12959 (C12959)

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 939 Calvert St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William H. V. Smith

{ Residence, if in Baltimore, Give Street and Number. } 939 Calvert St.

Duration of Residence in Baltimore. Born

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 13th 1838

AGE 70 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) ~~City~~ Maryland

FULL NAME OF FATHER Martin Smith

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget O' Donohue

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED ~~Bootmaker~~ —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph F. Smith

(Address) 939 N. Calvert St.

Filed 6/16 1908 HARRY O. ARLOTTA, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 14 1908 that I last saw h[im] alive on June 14 1908, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage and exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of stomach (DURATION) 6 mos DAYS

(Signed) J. Frederick Leutz M.D.

Address 1340 N. North Ave

Date June 16 1908

Place of Burial New Cathedral Cem

Date June 17th 1908

Undertaker Henderson Bros Co

Address 300 E. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43

CERTIFICATE OF DEATH.

Registered No. B 6C12960

City of Baltimore, (No. 2009 Pulaski St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgianna Decker.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	December 10 1858 (Month) (Day) (Year)
AGE	49 years, 6 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	James Black
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Gates
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton B Decker

(Address) 2009 N Pulaski St

Filed 6/16 1908 HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 14th (Day), 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10th, 1907 to June 17 1908

that I last saw h[illegible] alive on June 14th, 1908,

and that death occurred, on the date stated above, at 10.50 P. M. The CAUSE OF DEATH was as follows:

Cancer of Breast with General dissemination of Metastatic deposits.

(DURATION) One Years DAYS

Contributory Cachexia Exhaustion Dropsy

(DURATION) 4 weeks DAYS

(Signed) Wm E Mills M. D.

June 15th, 1908 (Address) 2239 Penna Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	June 17th 1908
UNDERTAKER	ADDRESS
A F Phelbin	1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C12961 Registered No. B C12961

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 10 N. Washington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Henry J. Kruse

{Residence, if in Baltimore, Give Street and Number.} 10 N. Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 27th 1879

AGE: 29 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Henry Kruse

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Toeling

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clothing Presser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine M. Kruse

(Address) 10 N. Washington St

Filed 6/16 1906 HARRY C. ANDREW PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 14 1908 that I last saw h-im alive on June 14 1908 and that death occurred, on the date stated above, at 3-16 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia
Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Oedema of Lungs (DURATION) DAYS

(Signed) Abrdus Collen M.D.

Address 1828 E. Balto St

Date June - 14 1908

Place of Burial Holy Redeemer Cemet.

Date JUN 17 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C12962 — Registered No. B [illegible] 7r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1729 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Lejewski

{Residence, if in Baltimore, Give Street and Number.} 1729 Thames St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 11 years, x months, x days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Albert Lejewski *

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Stodolny.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Lejewski.

(Address) 16 Thames St

Filed 6/16 1908 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 / 1908

I HEREBY CERTIFY, That I attended deceased from June 15 / 1908 7 o'clock to June 15 1908 11.30 that I last saw h[illegible] alive on June 15 / 1908, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

*Tetanus

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) 1hr ~~DAYS~~

(Signed) A.F. Rorden M.D.

Address 1904 E. Fayette St

Date June 15 / 1908.

Place of Burial Holy Rosary

Date June 17 1908

Undertaker M.F. Jackowska.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

*Accidentally ran nail in foot while in country. - A.D.J.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

17b

CERTIFICATE OF DEATH.

Registered No. B C12963

City of Baltimore, (No. 1623 Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Rubin J. & Addie Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH June (Month) 8th (Day) 1908 (Year)

AGE — years, — months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Rubin J. Miller

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Addie Blum

BIRTHPLACE OF MOTHER (State or country) U.S.A.

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rubin Miller

(Address) 1623 Monroe

Filed 6/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 16th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 8th 1906 to June 16th 1908 that I last saw h— alive on June 16th 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

~~High Temp~~ Convulsions with rapid breaths.

(DURATION) 5 DAYS

Contributory Dry, lung labor & high temp (DURATION) DAYS

(Signed) L. K. Hirshberg M. D.

June 8th 1908 (Address) 1937 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	June 17 1908
UNDERTAKER	ADDRESS
Hart & Sondheim	923 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C12964 Registered No. B 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1741 East Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Bartlett

{Residence, if in Baltimore, Give Street and Number.} 1741 E. Eager st

Duration of Residence in Baltimore. 18 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 24 1887.

AGE 20 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Bartlett

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emilie Mackabee

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emilie Bartlett

(Address) 1741 E. Eager

Filed 6/17 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 — 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 19 — 1908 to June 15 — 1908

that I last saw h[illegible] alive on [illegible] 1908,

and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hodgkins disease

about 2 years (DURATION) DAYS

Contributory (Primary.)

(DURATION)

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st

Date June 16 — 1908

Place of Burial Easton, Md.

Date June 18, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C12965 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 726 Little Gunpe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Bertha Hall

{ Residence, if in Baltimore, Give Street and Number. } 726 Little Gunpe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... July 7th 1908

AGE ..... years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ..... Infant

BIRTHPLACE (State or country) ..... Md

FULL NAME OF FATHER ..... Unknown

BIRTHPLACE OF FATHER (State or country) .....

MAIDEN NAME OF MOTHER ..... Bertha Hall

BIRTHPLACE OF MOTHER (State or country) ..... "

OCCUPATION OF DECEASED ..... "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Mary Leonard

(Address) ..... 726 Gunpe St

Filed 6/17 190 8 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... June 16th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... Wm Boardman M.D.

Address ..... 700 Lafayette Ave. (Corner)

Date ..... June 16th 1908

Place of Burial ..... Md. Auburn Cem.

Date ..... June 17, 1908

Undertaker ..... John H. Boadrin

Address ..... 442 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C12966 Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 Edmonson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph R Dean

{ Residence, if in Baltimore, Give Street and Number. } 1113 Edmonson Ave.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 60. years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married.

BIRTHPLACE (State or country) Dalto Md.

FULL NAME OF FATHER Joseph Hebb Dean

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Janet McIlheney.

BIRTHPLACE OF MOTHER (State or country) Dalto Md

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Dean

(Address) 1113 Edmonson Ave

Filed 6/17 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16th 1908.

I HEREBY CERTIFY, That I attended deceased from April 1908 to June 1908

that I last saw him alive on June 16 1908.

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 16 DAYS

Contributory (Primary) Pulmonary Bronchitis. (DURATION) 4 DAYS

(Signed) B F Finnich M.D.

Address 1514 Hollins St.

Date June 16 1908

Place of Burial Greenmount Cemetery

Date June 18th 1908

Undertaker Wm Cook

Address 502 E North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C12967

C12967

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Rose Hill between Pennsylvania and Virginia Avenues York Road St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth A Taylor

{Residence, if in Baltimore, Give Street and Number.} Rose Hill York Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: 68 — — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Sarah Sherlock

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L P Shaw

(Address) Rose Hill York Road

Filed 6/17 1908 HARRY C. ANDREW Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 16 1908 that I last saw her alive on June 15 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John E Fraser M.D.

Address 602 Eutaw St.

Date June 16 1908

Place of Burial Balto

Date June 18 1908 1908

Undertaker Wm Cook

Address 1502 Eutaw

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C12968 Registered No.

CERTIFICATE OF DEATH. 21

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Wheeler

{Residence, if in Baltimore, Give Street and Number.} Bay View (778 N Caroline St)

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Gilder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lester Ballyday, BAY VIEW ASYLUM.

(Address)

Filed 6/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to June 16 1908 that I last saw h[illegible] alive on June 16 1908, and that death occurred, on the date stated above, at 11[illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary) Syphilis

(DURATION) — DAYS

(Signed) H H Baker M.D.

Address Bay View Asy.

Date June 16 1908

Place of Burial Westminster Cem.

Date June 18 1908

Undertaker John J Conway

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 (12:65) Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Garvey

{Residence, if in Baltimore, Give Street and Number.} 1103 Gulford Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 27 1848

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Garvey

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary McCarthy

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thos Garvey

(Address)

Filed 6/17 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from June 9 1908 to June 16 1908

that I last saw him alive on June 16 1908.

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 1 DAY

Contributory (Primary) ~~Parenchymatous nephritis~~ Endocarditis

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 6/16 1908

Place of Burial Cathedral Cemty

Date June 19th 1908

Undertaker Chas. F. Evans

Address 118 & 120 W. Mt. Royal Ave

HENRY C. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

17

CERTIFICATE OF DEATH.

Registered No. B 012970

City of Baltimore, (No. 2030 Maryland Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza Madison Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX fem. | COLOR ~~66~~ Mulatto

DATE OF BIRTH June (Month) 11th (Day) 1845 (Year)

AGE 63 years, — months, 5 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Widowed

BIRTHPLACE (State or country) Norfolk Va

FULL NAME OF FATHER James Madison

BIRTHPLACE OF FATHER (State or country) South Carolina

MAIDEN NAME OF MOTHER Margaret Pollard

BIRTHPLACE OF MOTHER (State or country) Norfolk

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gordon Wilson

(Address) 806 Cathedral St

Filed 6/17 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 16th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 1905 to June 16 1908 that I last saw h[illegible] alive on June 15 1908, and that death occurred, on the date stated above, at 12:05 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis of lungs
Duration 25 yrs
Tb. of Intestines - 6 wks. Duration

(DURATION) DAYS

Contributory Asthenia

— (DURATION) — DAYS

(Signed) Gordon Wilson M. D.

June 16 1908 (Address) 806 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park cemetery | DATE OF BURIAL June 18 1908

UNDERTAKER Stewart & Mowen Co | ADDRESS 210 Park Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 14 C12971 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gladys Stricker

{Residence, if in Baltimore, Give Street and Number.} 408 S Stricker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 15 months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. Stricker

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Grace Avrey

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 1204 W Baltimore St

Filed 6/17 1908 DANIEL C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from June 9th 1908 to June 16, 1908 that I last saw her alive on June 16 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

"Scarlet Fever"

Rash (DURATION) 9 DAYS

Contributory (Primary.) Meningitis Convulsions (DURATION) / DAYS

(Signed) J. G. McClenahan M.D.

Address 1327 W Fayette St

Date June 17. 1908

Place of Burial Mt. Olivet

Date June 18. 1906

Undertaker Robt Brookstone

Address 17 S. Calhoun St.

9 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C12972 Registered No. B... 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1347 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane E. Ryland

{ Residence, if in Baltimore, Give Street and Number. } 1347 York Road

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 19th July 1835

AGE 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Charles Co Md

FULL NAME OF FATHER Henry A Moore

BIRTHPLACE OF FATHER (State or country) Charles Co Md

MAIDEN NAME OF MOTHER Chloe Moore

BIRTHPLACE OF MOTHER (State or country) Charles Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Moore

(Address) 1347 York Road.

Filed 6/17 1908 HENRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from about 190 to 18. 190

that I last saw h alive on June 16 190 8,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 899 Gorsuch Ave

Date June 17. 1908

Place of Burial Greenmount Cemetery

Date June 18" 1908

Undertaker Hy W. Jenkins & Sons Co

Address 380 N. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C12973 Registered No. D 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1300 N Bruce St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irene Duffin

{Residence, if in Baltimore, Give Street and Number.} 1300 N Bruce St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Jan 10 1908

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto County

FULL NAME OF FATHER Albert Duffin

BIRTHPLACE OF FATHER (State or country) Prince George County

MAIDEN NAME OF MOTHER Mamie Culver

BIRTHPLACE OF MOTHER (State or country) Prince George County

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1300 N Bruce St

Filed 6/17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 16 1908 that I last saw her alive on June 16 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Entritis

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Thomas Nelson M.D.

Address 1300 N Chrstian St

Date June 17 1908

Place of Burial Mt. Zion Cem

Date June 18th 1908

Undertaker JAMES H. DENNIS.

Address per J.T.P. 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C12974 Registered No. B [illegible] 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1517 Bell Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Kraft Parks.

{Residence, if in Baltimore, Give Street and Number.} 712 N. Conway St.

Duration of Residence in Baltimore. 24 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct. 26 1884
AGE	24 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Edw. E. Parks.
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Ellen Johnson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elinor Merrehan (Sister)

(Address) 1517 Bell Ave.

Filed 6/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from on June 16 1908 to ... 190... that I last saw h[illegible] alive on June 16 1908, and that death occurred, on the date stated above, at 9:45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

(DURATION) 2 hrs DAYS

Contributory (Primary.) Pneumonia

(DURATION) 35 DAYS

(Signed) Frank J Doyle M.D.

Address 611 E. Fort Ave

Date June 17 1908

Place of Burial Mt Olivet Cemetery

Date June 19th 1908

Undertaker Jas. & John H. Tenzel

Address 84 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 (12975) Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 N. Stanburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Volz

{Residence, if in Baltimore, Give Street and Number.} 725 N. Stanburg St.

Duration of Residence in Baltimore. 43 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 5th 1845

AGE 63 years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Volz

(Address) 725 N. Stanburg

Filed 6/17 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16th 1908

I HEREBY CERTIFY, That I attended deceased from May 20 1908 to Jun 16 1908

that I last saw h— alive on Jun 15 1908

and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 27 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 507 Lodge

Date June 16 1908

Place of Burial London Park Cem—

Date June 18th 1908

Undertaker Jno. & Jas. John W. Tuffel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12976 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 S. Sharp St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Fülling

{Residence, if in Baltimore, Give Street and Number.} 826 S Sharp St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~March 24th 1908~~

AGE 31 years, 2 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Fülling

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Hoelk

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Fülling

(Address) 826 S Sharp St.

Filed 6/17 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 28 1908 to June 15 1908

that I last saw her alive on June 12 1908

and that death occurred, on the date stated above, at 7 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Syncope

(DURATION) DAYS

Con'ributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) E. LaRoche Ewalt M.D.

Address 7038 Fulton Ave.

Date June 16 1908

Place of Burial London Park Cem

Date June 18th 1908

Undertaker Burns & Burns John H. Burns

Address 2011 Fayette St.

GEORGE C. ANDREWS PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B 612977

612977

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 1515 Alice Anna St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Fanny J. Wilson

{Residence, if in Baltimore, Give Street and Number.} Life 1515 Alice Anna

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 24th 1893

AGE: 15 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Luther J. Wilson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ida M. Baldwin

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida M. Wilson

(Address) 1515 Alice Anna St.

Filed 6/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14th 1908

I HEREBY CERTIFY, That I attended deceased from June 9th 1908 to June 14th 1908

that I last saw her alive on June 14th 1908

and that death occurred, on the date stated above, at 4.50 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion (DURATION) 5 DAYS

Contributory (Primary.) Endocarditis & Hemiplegia (DURATION) DAYS

(Signed) C. N. Abbey M.D.

Address 2 Hudson St.

Date June 15th 1908

Place of Burial Mount Carmel

Date June 17th 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C12978

Registered No. B C12978

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 117 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas S Stratton

{ Residence, if in Baltimore, Give Street and Number. } 50 years

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 10 1827

AGE: 80 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Massachusetts

FULL NAME OF FATHER: Daniel S Stratton

BIRTHPLACE OF FATHER (State or country): Mass

MAIDEN NAME OF MOTHER: Sarah Perry

BIRTHPLACE OF MOTHER (State or country): Mass

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Stratton

(Address) 2906 Evergreen Terrace

Filed 6/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from June 5th 1908 to June 16 1908

that I last saw h.. in alive on June 16 1908

and that death occurred, on the date stated above, at 7.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W K Formad M.D.

Address 207 N Liberty St.

Date June 17 1908

Place of Burial Greenmount Cem

Date June 19 1908

Undertaker Wm J. Tickner & Son

Address Camden & Paca sts

WM. J. C. DULANY CO. Baltimore

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C12979 Registered No. B C12979

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 N. Henrietta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Hutchinson.

{ Residence, if in Baltimore, Give Street and Number. } 115 N. Henrietta St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH June 16 1908.

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER James F. Buckler.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Wilson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Waldbourn M.D.

(Address) 603 S. Sharp St.

Filed 6/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908.

I HEREBY CERTIFY, That I attended deceased from June 4 1908 to June 16 1908.

that I last saw h.. alive on June 15 1908,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Tuberculosis (DURATION) 6 DAYS

Contributory (Primary) Tuberculosis (DURATION) ..... DAYS

(Signed) C. Waldbourn M.D.

Address 603 S. Sharp St.

Date June 16 1908.

Place of Burial Cedar Hill

Date June 18 190..

Undertaker John E. Evans & Son

Address 1425 N. Charles St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C12980

C12980

CERTIFICATE OF DEATH.

19

(Place of Death.) No. N.E. Cor. Eutaw & Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cadsius Augus

{Residence, if in Baltimore, Give Street and Number.} N. E. Cor Eutaw & Rose

Duration of Residence in Baltimore. 27 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr 1st 1846

AGE: 62 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Conn

FULL NAME OF FATHER: Ralph Augus

BIRTHPLACE OF FATHER (State or country): Conn

MAIDEN NAME OF MOTHER: Mariah Glenn

BIRTHPLACE OF MOTHER (State or country): Conn

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. H. Burr

(Address) 263 W. Hoffman

Filed 6/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 17th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14 1907 to June 17 1908

that I last saw him alive on June 15 1908

and that death occurred, on the date stated above, at X

11. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Stenosis

pratly years (DURATION) 1 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) V. Ken Williams M.D.

Address 601 N. Curraghton

Date June 17th 1908

Place of Burial Western Cem

Date June 19th 1908

Undertaker G. F. Malkus

Address 723 Mad. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX C12981 Registered No. B

CERTIFICATE OF DEATH. 27

Place of Death.) No. 15 E. Pleasant St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name John T Reed

{ Residence, if in Baltimore, Give Street and Number. } 15 E. Pleasant St.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 30 1878

AGE 30 years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm H. Reed

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Elizabeth Seymour

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 15 E Pleasant St

Filed 6/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from May 1. 1908 to June 15 1908

that I last saw h— alive on June 14 1908;

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A.D. Driscoll M.D.

Address 760 S. Paca St

Date June 17 1908

Place of Burial Loudon Park Cem.

Date June 17th 1908

Undertaker Chas. F. Evans

Address 118 N. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 12982

Baltimore Eye & Ear Hospital

City of Baltimore, (No. 622 W. Franklin St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances E. MacKenzie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 9 1890 (Month) (Day) (Year)

AGE: 18 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Mackenzie

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo K McGraw

(Address) 1010 St Paul St

Filed 6/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 16 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 16 1908 that I last saw h er alive on June 16 1908, and that death occurred, on the date stated above, at 8.30 P.M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 7 DAYS

Contributory Septicemia

(DURATION) ✓ DAYS

(Signed) Jesse W. Downey Jr. M.D.

June 16 1908 (Address) 625 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: June 18 1908

UNDERTAKER: Jno B Spence

ADDRESS: 1325 N Caroline St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1004 William St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma E. Ray

{ Residence, if in Baltimore, Give Street and Number. } 1004 William st

C. 12983

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 15 1907

AGE: ..... years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: /

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Belton R. Ray

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary E. Sale

BIRTHPLACE OF MOTHER (State or country): Norfolk. Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Belton R. Ray

(Address) 1004 William st

Filed 6/17 1908

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 16 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 16 1908

that I last saw her alive on June 15 1908

and that death occurred, on the date stated above, at 9 30

A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) 1 DAYS

(Signed) H. A. Smith M.D.

Address 628 Kennedy St

Date June 17 1908

Place of Burial Cedar Hill Cem

Date June 18 1908

Undertaker E. Schlosser Son

Address 1529 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C12984 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1022 Penna Ave St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name M. Annie Dawson

{Residence, if in Baltimore, Give Street and Number.} 1022 Penna Ave.

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Dec 26 1822

AGE: 85 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow.

BIRTHPLACE (State or country): Hagerstown Md.

FULL NAME OF FATHER: James Dielehunt

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: Catherine Lechren.

BIRTHPLACE OF MOTHER (State or country): Germantown Pa

OCCUPATION OF DECEASED: — — ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas B Dawson

(Address) 1022 Penna ave.

Filed 6/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 16. 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to June 16 1908 that I last saw her alive on May 31 1908 and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) — DAYS

Contributory (Primary) Arteriosclerosis

2 years. (DURATION) DAYS

(Signed) Geo Hemmeter M.D.

Address 801 Harlem ave

Date June 16 1908

Place of Burial Western Cemetery

Date June 18th 1908

Undertaker Georgz Bantz

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

Registered No. B 12985

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1715 Harlem ave St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amanda F. Wells

{Residence, if in Baltimore, Give Street and Number.} 1715 Harlem ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: april 18 1824

AGE: 84 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jesse Sudgeon

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Rachel Murphy

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Wells

(Address) 1715 Harlem ave

Filed 6/17 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from 1907 to 1908

that I last saw her alive on about 2 weeks ago 1908,

and that death occurred, on the date stated above, at 11½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age Infirmities

I had not seen patient for several weeks professionally

Was loosing Strength for quite a long while (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1327 west Fayette St

Date June 17 1908 190

Place of Burial Balto Cemy

Date June 18 1908

Undertaker E Madison Mitchell

Address Fayette & Carrollton ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C12986 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1520 Ramsay st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Adams

{Residence, if in Baltimore, Give Street and Number.} 1520 Ramsay St.

Duration of Residence in Baltimore. 29 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb 7 1879

AGE: 5 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Talbott Co Md

FULL NAME OF FATHER: Chas E Adams

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Evans

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas W. Adams

(Address) 1520 Ramsay st

Filed 6/17 1908 HARRY C. CLARKE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to June 16 1908 that I last saw h im alive on June 15 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) 4 months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. E. Douglass M.D.

Address 1915 St. Paul St.

Date June 16 1908

Place of Burial Loudan Park

Date June 18th 1908

Undertaker E Madison Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C12987 Registered No. B [illegible] 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Myers

{Residence, if in Baltimore, Give Street and Number.} # 1112 E. Monument St

Duration of Residence in Baltimore. One year or less

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr. 18 1904

AGE 3 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Buffalo N.Y.

FULL NAME OF FATHER Phillip Myers

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Jane Davis

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Myers X

(Address) # 1114 E. Monument St

Filed 6/17 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17th 1908

I HEREBY CERTIFY, That I attended deceased from June 14th 1908 to June 17th 1908.

that I last saw her alive on June 17th 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) John J. Veth M.D

Address #236 E. Monument St

Date June 17th 1908

Place of Burial Rosedale Cem

Date June 17 1908

Undertaker McGinnis & Carroll

Address 1227 Mulberry

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12988

City of Baltimore, (No. 1212 Smith St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Seabron L. Wilson.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: March (Month) 27 (Day) 1906 (Year)

AGE: 2 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Seabron Wilson.

BIRTHPLACE OF FATHER (State or country): Georgia.

MAIDEN NAME OF MOTHER: Estella Toliver.

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella Toliver

(Address) 1212 Smith St.

Filed 6/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to June 16 1908, that I last saw him alive on June 16 1908, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Herbert F. Friedmann M. D.

June 17 1908 (Address) 1304 W Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Glen Cem

DATE OF BURIAL: June 18 1908

UNDERTAKER: Sam'l H. Chase & Son

ADDRESS: 400 Mosher

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 115 So. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie M Rohlfing

{ Residence, if in Baltimore, Give Street and Number. } 115 So. Bethel

C12989

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 11 1908

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Frederick Rohlfing

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Minnie Wolf

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. Rohlfing

(Address) 115 So. Bethel

Filed 6/18 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 16 1908 that I last saw her alive on June 16 1908, and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (DURATION) 4 DAYS

Contributory (Primary.)

Cardiac Exhaustion (DURATION) 1 DAYS

(Signed) A. L. Tumbleson M.D.

Address 2013 Bank st

Date June 17th 1908

Place of Burial Baltimore Cem.

Date June 18" 1908

Undertaker Wendell Zippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

Ward 11 Registered No. 0

CERTIFICATE OF DEATH. 11

(Place of Death.) No. ~~618~~ 5-18 Cathedral St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Givens

Residence, Give Street and Number, 5-18 Cathedral St.

C12990

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH .....

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Calvert Co Md

FULL NAME OF FATHER Benjamin Wilson

BIRTHPLACE OF FATHER (State or county) Calvert Co Md

MAIDEN NAME OF MOTHER Rachell Smith

BIRTHPLACE OF MOTHER (State or county) Calvert Co Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana Fitchett

(Address) 609 Little Paca St

Filed 6/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2 o'clock 9:30 A. M. and 4:30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

Mitral Insufficiency

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) W. H. Kelly Lennox M. D.

Address 1639 Broadway

Date June 17 1908

Place of Burial Mt Auburn Cemetery

Date June 19 1908

Undertaker Geo H. Hooper

Address 609 Little Paca St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 22 West Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susie Dorkins

{ *Residence, if in Baltimore, Give Street and Number.* } 22 W. Chase St.

C12991

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 16 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hampden Co Md

FULL NAME OF FATHER: William Dorkins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Agnes Henson.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Simms

(Address) 22 W. Chase st

Filed 6/18 1908 per mcK.

HARRY O. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: JUN 17 1908 190

I HEREBY CERTIFY, That I attended deceased from June 17th 1908 to date 1908 that I last saw her alive on June 17th 1908, and that death occurred, on the date stated above, at 7.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 75 DAYS

Contributory (Primary.) Cardiac Asthenia.

(DURATION) 1 DAY

(Signed) J. A. Gladstad M.D.

Address 5 W. Chase St.

Date JUN 17 1908 190

Place of Burial St Peters Cemetery

Date June 19th 1908

Undertaker Feby & Sons.

Address 1126 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 Registered No. B C12392

CERTIFICATE OF DEATH.

68

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Foster (Foster)

{Residence, if in Baltimore, Give Street and Number.} 1002 McCulloh St

Duration of Residence in Baltimore. 21yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George Foster

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Cheeve

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Carter

(Address) 1120 Ellington st

Filed 6/18 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/17 1908

I HEREBY CERTIFY, That I attended deceased from 6/8/ 1908 to 6/17/ 1908 that I last saw h im alive on 6/17/ 1908 and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 2 DAYS

Con'tributory (Primary.) Dementia Paresy. (DURATION) 20 DAYs

(Signed) J. H. Bird M.D.

Address University Hospital

Date June 17 1908

Place of Burial Mt Auburn

Date June 18 1908

Undertaker Alex Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B C12993

CERTIFICATE OF DEATH.

(Place of Death.) No. 1526 Olive St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Ziegler

{Residence, if in Baltimore, Give Street and Number.} 1526 Olive St

C 12993

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 16" 1845

AGE: 63 years, 3 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Undertaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ziegler

(Address) 1526 Olive St

Filed 6/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 15, 1908

I HEREBY CERTIFY, That I attended deceased from Mch. 8, 1908 to June 15, 1908 that I last saw h[illegible] alive on June 15, 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Uraemia
2. ~~Chronic interstitial nephritis~~ (DURATION) DAYS

Contributory (Primary.) Chronic interstitial nephritis (DURATION) DAYS

(Signed) C. D. Steenken M.D.

Address 614 Gordon Ave

Date June 16 1908

Place of Burial Baltimore Cemetery

Date June 18th 1908

Undertaker Philip Seward & Son

Address 1198 E. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C12994 Registered No. B C12994 81

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 Lakewood av St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name [redacted] Amelia Bettien

{Residence, if in Baltimore, Give Street and Number.} 407 Lakewood av

Duration of Residence in Baltimore. 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 17 1848

AGE 59 years, 9 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~ —

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Taylor

(Address) 407 Lakewood av

Filed 6/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15th 1908

I HEREBY CERTIFY, That I attended deceased from June 7th 1908 to June 15th 1908 that I last saw her alive on June 15th 1908 and that death occurred, on the date stated above, at 9 10 P. M. CAUSE OF DEATH (Secondary or Immediate):

Hypostatic pneumonia (DURATION) 5 DAYS

Contributory (Primary.) Cerebral aneurism (DURATION) 9 DAYS

(Signed) [redacted] M.D.

Address 1510 E. Fort av.

Date June 16th 1908

Place of Burial St. Paul Cem.

Date 6/18/08 1908

Undertaker J. Herrig & Son

Address 900 E. Oliver St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C12995

City of Baltimore, (No. 114 Seldner St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gilbert Holden.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black.

DATE OF BIRTH: March 25 1893 (Month) (Day) (Year)

AGE: 15 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Lenar Holden

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Sanks.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cordelia Holden

(Address) 114 Seldner

Filed 6/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 15 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to June 15 1908

that I last saw him alive on June 15 1908,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH

Metal and [illegible]

Contributory Cerebral

(Signed) [illegible]

June 15 1908 (Address)

SPECIAL INFORMATION or Transients, or Recent Resident

Former or Usual Residence

Where was disease contracted if not at place of death?

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPI

UNDERTAKER: Commissioner Health

Per. Wm. E. WOOD

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMIC

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 C12996 Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1324 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Kunigunda Dittmeier

{Residence, if in Baltimore, Give Street and Number.} 1324 N. Dallas st.

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ✓ 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: John L Dittmeier

Address: 1324 N Dallas St

Filed 6/18 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 16 — 1908

I HEREBY CERTIFY, That I attended deceased from May 15 — 1908 to June 16 — 1908 that I last saw her alive on June 15 — 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate

Cancer of stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Feuby M.D.

Address 1219 N. Caroline St.

Date June 17 — 1908

Place of Burial Holy Redeemer

Date 6/19 1908

Undertaker Wm J Schilling

Address 9 S. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C12997 Registered No. B C12997

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2601 Hillside ave (Formerly Keyser St.) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas S. O Keefe

{Residence, if in Baltimore, Give Street and Number.} 2601 Hillside ave

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 15 1904

AGE: 4 years, 1 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas S O'Keefe.

BIRTHPLACE OF FATHER (State or country): Tenn.

MAIDEN NAME OF MOTHER: Lillie Ryan.

BIRTHPLACE OF MOTHER (State or country): Kentucky

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie O'Keefe.

(Address) 2601 Hillside ave

Filed 6/18 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to June 17 1908 that I last saw him alive on June 17 1908 and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia

(DURATION) 2 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C Eisenberg M.D.

Address 2213 Orleans St

Date June 18 1908

Place of Burial New Cathedral

Date June 19 1908

Undertaker E J Fanning

Address 1938 E Lafayette ave

BUREAU OF ARCHIVES
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C12998 Registered No. B C12998

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2138 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred A. Davis

{Residence, if in Baltimore, Give Street and Number.} 2138 S. Charles St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	white
DATE OF BIRTH	May 1908
AGE	... years, 1 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm Davis
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Lena Walt
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Davis

(Address) 2138 S. Charles St.

Filed 6/18 1908

HENRY G. ANDRETS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to June 16 1908 that I last saw h— alive on June 15 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 6 hrs

Contributory (Primary.) Congenital debility (DURATION) Life yrs

(Signed) R. L. Campbell M.D.

Address 1644 Hanover St

Date June 16 1908

Place of Burial Western Cemetery

Date June 18th 1908

Undertaker Edw. J. Fanning

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C12999 Registered No. B C12999

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 N. Lakewood ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Herman C Beste

{Residence, if in Baltimore, Give Street and Number.} 239 N. Lakewood ave

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 2nd 1835

AGE 73 years, 3 months, 15 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER H. dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman C Beste Jr

(Address) 239 Lakewood ave

Filed 6/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17th 1908

I HEREBY CERTIFY, That I attended deceased from June 12th 1908 to June 17th 1908 that I last saw him alive on June 17th 1908 and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Intestinal obstruction.

Shock

(DURATION) DAYS

Contributory (Primary.) Volvulus

(DURATION) 4 DAYS

(Signed) Albert J. Fitzgerald M.D.

Address 1503 E. North ave.

Date June 18th 1908

Place of Burial Baltimore Cemetery

Date June 20th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C13000

City of Baltimore, (No. 930, Franklin Road, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph L Carroll

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 26 (Day) 1881 (Year)

AGE: 26 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Moses Carroll

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret McConnick

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Hendrick

(Address) 1739 Aliceanna

Filed 6/18 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to June 14 1908

that I last saw h[illegible] alive on June 14 1908,

and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 9 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Harry L Hyde M. D.

June 16 1908 (Address) 1012 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Marys Govans

DATE OF BURIAL: June 19 1908

UNDERTAKER: Albert F Philbin

ADDRESS: 1711 Aliceanna

WM. J. C. DULANY CO., BALTIMORE

Ward 6 C13001 Registered No. B C13001

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 2710 Fairmount Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Sauer

{Residence, if in Baltimore, Give Street and Number.} 2710 Fairmount Ave

Duration of Residence in Baltimore. 53 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mch. 15th 1828

AGE: 79 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Toal.

Address 2710 Fairmount Ave

Filed 6/18 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to June 17 1908

that I last saw him alive on June 16 1908

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

old age

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. C. Heaver M.D.

Address 156 Linton Ave

Date June 18 1908

Place of Burial Holy Redeemer Cemetery

Date June 20 1908

Undertaker Lilly and Beiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C13002 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kelly.

{ Residence, if in Baltimore, Give Street and Number. } 310 N. Ann Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 39 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 19 1908 to June 15 1908 that I last saw her alive on June 15 1908, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia: septicaemia.

(DURATION) ... DAYS

Contributory (Primary.) Dermatitis exfoliativa (DURATION) ... DAYS

(Signed) P. H. Clough M.D.

Address John Hopkins Hospital

Date June 16 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 17 1908 190 ...

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9/1

Ward W

C13003

Registered No. B C13003

CERTIFICATE OF DEATH.

17r

(Place of Death.) No. Found floating foot of Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dunn

{Residence, if in Baltimore, Give Street and Number.} 610 E. Pratt St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Salem Mass.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Sail maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Coroner Otto M. Reinhardt

(Address) Southern District

Filed 6/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Body found June 8 1905

I HEREBY CERTIFY, That I attended deceased from — 190 — to — 190 —

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at —

— M. CAUSE OF DEATH (Secondary or Immediate

Drowning

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M. Reinhardt M.D.

Coroner

Address

Date June 15 1905

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 17 1908 190

Undertaker Commissioner Health

Per. Wm. E. WOODALL

Address FOR ANATOMICAL PURPOSES

City to bury Body at the Morgue OMR

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13004 Registered No. B C13004 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Chas. H. Smith

{Residence, if in Baltimore, Give Street and Number.} 108 Vincent St.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: Unknown, (about 40 yrs.) years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown	
BIRTHPLACE (State or country): "	
FULL NAME OF FATHER: "	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Homeopathic Hospital

(Address)

Filed 6/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 9th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Shock & hemorrhage following amputation of leg

(DURATION) 2 DAYS

Contributory (Primary) Accumulation

R. R. tuberculosis (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Eaz. av. (Corner)

Date June 16th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 17 1908 190

Undertaker Commissioner Health

Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Merge

112

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C13005 Registered No. B

CERTIFICATE OF DEATH. 74

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Meyer L. Stern

{ Residence, if in Baltimore, Give Street and Number. } 4604 Westminster Place. St Louis. Mo.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): St Louis Mo

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to June 18 1908 that I last saw h— alive on June 17 1908, and that death occurred, on the date stated above, at 9.55 A.M. CAUSE OF DEATH (Secondary or Immediate)

Brain Tumor.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. S. Halsted M.D.

Address Johns Hopkins Hospital

Date June 18 1908

Place of Burial St. Louis Mo.

Date June 18 1908

Undertaker David Sondheimer

Address 923 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 13006 Registered No. B C13006

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 574 Walnutt alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank E Clark

{ Residence, if in Baltimore, Give Street and Number. } 574 Walnutt alley

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH — 1 —

AGE 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Samuel Clark

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Affey Clark

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Laura Clark

(Address) 574 Walnut St

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1907 to June 16th 1908

that I last saw him alive on June 15th 1908

and that death occurred, on the date stated above, at 3.26 a.m. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart disease

and Brights Disease

(DURATION) 8 months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Samuel A. Brown M.D.

Address 619 N Eutaw St

Date June 16th 1908

Place of Burial Jewell Station Harford Co. Md

Date June 19th 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13007 Registered No. B C13007

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1505 "H" Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Patrick Murphy

{ Residence, if in Baltimore, Give Street and Number. } 1505 "H" Dallas St.

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 14, 1865

AGE 42 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Alexandria Va

FULL NAME OF FATHER Patrick Murphy.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Margaret Cullen

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Pipe molder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Murphy

(Address) 1505 "H" Dallas.

Filed 6/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to June 17 1908 that I last saw him alive on June 6 1908, and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

1 year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Girdwood M.D.

Address 102 E 25th St

Date June 17 1908

Place of Burial Holy Cross

Date June 20 1908

Undertaker Robt J Turner

Address 1422 N. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — Registered No. B C13009

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1621 E. Baltimore St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Annie L. Levy

{ Residence, if in Baltimore, Give Street and Number. } 1621 E. Baltimore St.

Duration of Residence in Baltimore. Born

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	7 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Nathan Levy
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Annie Blank
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Blank

(Address) 1621 E. Baltimore

Filed 6/18 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-18 1908

I HEREBY CERTIFY, That I attended deceased from 6-16 1908 to 6-17 1908 that I last saw h[illegible] alive on 6-17 1908, and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum.

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) DAYS

(Signed) D. C. Katzoff M.D.

Address 116 Aisquith St.

Date 6-18- 1908

Place of Burial Hebrew Boundale

Date June 18 190

Undertaker Max Levine

Address 1620 McElderry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13008 Registered No. B [illegible]

33

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Waszkiewicki (Wyszkowicki)

{ Residence, if in Baltimore, Give Street and Number. } B. V. A. 615 E Bond St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: S—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 — 1908

I HEREBY CERTIFY, That I attended deceased from Apr 10 1908 to June 16 1908

that I last saw him alive on June 16 1908,

and that death occurred, on the date stated above, at 5 05

M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Prostate & Bladder —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

Supra (DURATION) DAYS

(Signed) W. D. Faber M.D.

Address Bay View Asy

Date June 17 1908

Place of Burial Sacred Heart

Date June 18 1908

Undertaker Chas F. Evans

Address 1184 1/2 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13010 Registered No. B C13010

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 510 N. Madaira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Hennick

{ Residence, if in Baltimore, Give Street and Number. } 510 N. Madaira St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 12 1881

AGE: 27 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: James Hennick

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Katie Kreber.

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hennick

Address 510 N. Madaira St

Filed 6/18 1908

HENRY C. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Body crushed (wagon ran over him)

(DURATION) ..... DAYS

Con'ributery (Primary.)

(DURATION) ..... DAYS

(Signed) Fredk Parmus M.D.

Address Coroner

Date June 16 — 190 .....

Place of Burial June 19/08

Oak Lawn Cemetary

Date ..... 190 .....

Undertaker Christian Miller

Address 253 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B C13011

CERTIFICATE OF DEATH.

(Place of Death.) No. 1722 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Magruder

{Residence, if in Baltimore, Give Street and Number.} 1722 Orleans St

Duration of Residence in Baltimore. about 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1836

AGE: 72 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prince George Co Md

FULL NAME OF FATHER: Isiah Buzzoe

BIRTHPLACE OF FATHER (State or country): Prince George Co Md

MAIDEN NAME OF MOTHER: Maria Scott

BIRTHPLACE OF MOTHER (State or country): Prince George Co Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jerry Magruder

(Address) 1722 Orleans St

Filed 6/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to June 15 1908 that I last saw her alive on June 14 1908, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Neuritis

(DURATION) 1 Yr DAYS

Con'tributory (Primary.) Cardiac Exhaustion

(DURATION) 1 week DAYS

(Signed) A. T. Rocke M.D.

Address 1984 E. Fayette St.

Date 190

Place of Burial Auburn Cemetery

Date June 19th 1908

Undertaker Chas G Bidey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13012

City of Baltimore, (No. 1026, Edmondson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo R Curtis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 24th (Day) 1848 (Year)

AGE: 60 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Geo. R. Curtis

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Elenor. Stewart

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Retired Merch.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nana B Curtis

(Address) 1026 Edmondson Ave

Filed 6/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to Jun 18 1908

that I last saw h alive on Jun 18 1908,

and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Uremia

6 hrs (DURATION) DAYS

Contributory Nephritis

Senility (DURATION) DAYS

(Signed) [illegible] M. D.

Jun 19 1908 (Address) 2205 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: 6/20 1908

UNDERTAKER: G.F. Walker — ADDRESS: 713 W. Fay.

WM. J. C. DULANY CO., BALTIMORE.

Ward 0 C13013 Registered No. B C13013

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 N. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora Parker.

{Residence, if in Baltimore, Give Street and Number.} 422 N. Regester

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR B.

DATE OF BIRTH /1

AGE X years, 8 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Bud Parker

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Ella Bell.

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ella Bell

(Address) 422 N Regester St

Filed 6/19 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from

1908 to 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at /

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Camillus M.D.

Address Arrow Key

Date June 18 1908

Place of Burial Laurel

Date June 19, 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C13014 Registered No. B C13014

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1523 W Lombard st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jacob P Ruth

{Residence, if in Baltimore, Give Street and Number.} 1523 W Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jacob Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Homar Ruth

(Address) 1523 W Lombard st

Filed 6/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to June 17 1908

that I last saw h alive on June 17 1908

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bright Disease

Myocardium (DURATION) 32 DAYS

Contributory (Primary.)

1 (DURATION) DAYS

(Signed) Edward H London M.D.

Address 1403 W Fayette st

Date June 18 1908

Place of Burial Mount Olivet

Date June 20 1908

Undertaker John Hogan

Address 901 Hollins st

WM. J. C. DULANY CO., Baltimore

(Drinden)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C13015

C13015

CERTIFICATE OF DEATH. 157

(Place of Death.) No. 704 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant

Full Name Henry F. and Mary R. Wagner

{ Residence, if in Baltimore, Give Street and Number. } 704 N. Bond St

Duration of Residence in Baltimore. Life (about 3 hrs)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 18 1908

AGE: ..... years, ... months, 3 Hours ds

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry F. Wagner

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary R. Meads.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry F. Wagner.

(Address) 704 N. Bond St.

Filed 6/19 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18, 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to June 18 1908 that I last saw h.im alive on June 18 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) — DAYS

Contributory (Primary) Premature Birth (DURATION) DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date June 18, 1908

Place of Burial M. C. Cemetery

Date June 19. 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13016 Registered No. B C13016

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 Lewis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret L. Glueves

{Residence, if in Baltimore, Give Street and Number.} 403 Lewis St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1845

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Phila Pennsylvania

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): ..

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Glueves

(Address) 403 Lewis St.

Filed 6/19 1908

HARRY O. J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 17, 1908

I HEREBY CERTIFY, That I attended deceased from June 9, 1908 to June 17, 1908 that I last saw h alive on June 17, 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiphlegia

(DURATION) 8 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) P. E. Lilly M.D.

Address 207 Cromwell St

Date June 18, 1908

Place of Burial Mt Zion

Date June 20 1908

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C13017 Registered No. B C13017

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 N. Bethel St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Curry

{Residence, if in Baltimore, Give Street and Number.} 6 N. Bethel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Elijah Curry

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Annie Nash

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Curry

(Address) 6 N. Bethel St

Filed 6/19 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17th 1908

I HEREBY CERTIFY, That I attended deceased from June 16th 1908 to June 17th 1908

that I last saw h alive on June 16th 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 9 DAYS

Contributory (Primary) Imputed Consumption

(DURATION) 2 DAYS

(Signed) A. F. Reis M.D.

Address 213 S. Broadway.

Date June 18th 1908

Place of Burial Mt. Auburn Cemetery

Date June 19 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C13018 Registered No. B C13018

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant J Sadie Wilson

{ Residence, if in Baltimore, Give Street and Number. } 2338 Etting St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR B

DATE OF BIRTH June 8, 1908

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md. Homoeopathic Hospital

FULL NAME OF FATHER J. W. Beckat

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Sadie Wilson

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Wilson

(Address) 2338 Etting St

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18, 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 18 1908 that I last saw her alive on June 18 1908, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate) Convulsions + Ephamation

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 5 DAYS

(Signed) Maurice E. Shamer M.D.

Address 1213 N. Gilmor St

Date June 18, 1908

Place of Burial Laurel Cemetery

Date June 19. 1908

Undertaker R. McElliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — C13019 — Registered No. B ——

176

CERTIFICATE OF DEATH.

Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Travers Glascoe

{ Residence, if in Baltimore, Give Street and Number. } 1414 East Jefferson St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1879

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: \

BIRTHPLACE OF FATHER (State or country): \

MAIDEN NAME OF MOTHER: \

BIRTHPLACE OF MOTHER (State or country): \

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Glascoe

(Address) 1414 E. Jefferson

Filed 6/19 1908

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

Resulting from Pistol-

shot wound in abdomen

(DURATION) DAYS

Contributory (Primary) (Homicide)

(DURATION) DAYS

(Signed) Donald T. Oberndorfer M.D.

Address Coroner

Date June 18 1908

Place of Burial Woodlawn Cem. Wilfords Wks.

Date June 20 1908

Undertaker R. A. Elliott

Address 516 Reynolds Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C13020 C13020

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 532 S. Eutaw St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norris Coates

{ Residence, if in Baltimore, Give Street and Number. } 532 S. Eutaw St.

Duration of Residence in Baltimore. 10 days

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	June 6th 1908
AGE	– years, – months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	–
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Henry Coates
BIRTHPLACE OF FATHER (State or country)	Calvert Co. Md.
MAIDEN NAME OF MOTHER	Helen Norris
BIRTHPLACE OF MOTHER (State or country)	Calvert Co. Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie coats

(Address) 532 S Eutaw St

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16th 1908

I HEREBY CERTIFY, That I attended deceased from June 6th 1908 to June 16th 1908 that I last saw h-- alive on June 16th 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 5 hrs

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. W Bird M.D.

Address University Hospital

Date June 18 1908

Place of Burial Mt Auburn cemetery

Date June 19 1908

Undertaker Wm H Hooker

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

C13021

110

CERTIFICATE OF DEATH.

(Place of Death.) No. 819 North Charles St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George L. Preston

{ Residence, if in Baltimore, Give Street and Number. } 819 N. Charles.

Duration of Residence in Baltimore. 23 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Mle. | COLOR W.

DATE OF BIRTH July 2nd 1858

AGE 49 years, 11 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Lexington Va.

FULL NAME OF FATHER John T. L. Preston.

BIRTHPLACE OF FATHER (State or country) Lexington Va.

MAIDEN NAME OF MOTHER Margaret Junkin

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Bryan

(Address) 817 Cathedral St

Filed 6/19 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17th 1908

I HEREBY CERTIFY, That I attended deceased from May 25th 1908 to June 17th 1908 that I last saw h. alive on June 17th 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dilatus Gravis.

four days (DURATION) DAYS

Contributory (Primary.) Hypertrophied Cirrhosis four months (DURATION) DAYS

(Signed) C. B. Gamble Jr. M.D.

Address 26 W. Biddle St

Date June 18th 1908

Place of Burial London Park Cem'y

Date June 19th 1908

Undertaker Henry J. Dennis Sons & Co.

Address 300 W. Lanvaston St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13022 Registered No. B C13022

CERTIFICATE OF DEATH. 151

(Place of Death.) No. Johns Hopkins Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Jacob and Rebecca Shapiro.

{Residence, if in Baltimore, Give Street and Number.} 124 S. Eden st.

C13022

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: June 17, 1908

AGE: 0 years, 0 months, 1 day

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Jacob Shapiro.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Rebecca Shapiro.

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Ginnis & Carroll

(Address)

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 17, 1908

I HEREBY CERTIFY, That I attended deceased from 3.45 A.M., June 17, 1908 to 9.40 P.M., June 17, 1908 that I last saw him alive on June 17, 1908, and that death occurred, on the date stated above, at 9.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

(DURATION) 1 DAY

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. D. Smith, Jr., M.D.

Address Johns Hopkins Hospital.

Date June 18, 1908

Place of Burial Rosedale Cem. C

Date June 19 1908

Undertaker W. C. Ginnis - Carroll

Address 1227 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C13023

Registered No. B.....

City of Baltimore, (No. 113 S. Stockton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Carroll

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR d

DATE OF BIRTH *
(Month) (Day) 1 Year)

AGE
48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): west river

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): MD

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Manager Davis

(Address) 113 S Stockton

Filed 6/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 12th 1908 to June 18th 1908

that I last saw him alive on June 17th 1908,

and that death occurred, on the date stated above, at 11 a. M. The CAUSE OF DEATH was as follows:

Brights Disease

(DURATION) 20 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Wm H Montenier M. D.

June 18th 1908 (Address) 125 N Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Mts Zion

DATE OF BURIAL: June 19 1908

UNDERTAKER: A. J. Freeland

ADDRESS: 106 N Schroeder St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B C13024

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1003 N Bruce St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Lee

{Residence, if in Baltimore, Give Street and Number.} 1003 N Bruce St

Duration of Residence in Baltimore. 3 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Feb 28 1908

AGE: ..... years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: David Lee

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Gertrude Richards

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Frost

(Address) 1132 Pennsylvania Ave.

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 18 1908 that I last saw her alive on June 16 1908 and that death occurred, on the date stated above, at 4 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Marasmus (DURATION) 90 DAYS

(Signed) Edw V Fitzgerald M.D.

Address 1115 Druid Hill Ave

Date June 18 1908

Place of Burial Dame Cemetery

Date June 19 1908

Undertaker J H Owens & Son

Address 1222 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13025 Registered No. B C13025

56

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irvin Carter

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Brickmason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Supt. Bay View Asylum

Address

Filed 6/19 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1907 to June 17 1908

that I last saw h in alive on June 17 1908,

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis

Nephritis

(DURATION) — DAYS

Contributory (Primary.) Epilepsy

(DURATION) DAYS

(Signed) H. M. Baker M.D.

Address Bay View

Date June 19 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 18 1908 190

Undertaker G. L. Hurley

Address 931 N. Monroe St

HARRY C. ANDREWS PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

116

Ward 19

C13026 Registered No. B C13026

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T Leonard

{Residence, if in Baltimore, Give Street and Number.} 1912 Wilkens Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 6 1860

AGE 48 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm H Leonard

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jane Merson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Leonard

(Address) 1912 Wilkens Ave

Filed 6/19 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to June 18 1908

that I last saw him alive on June 15 1908

and that death occurred, on the date stated above, at 1.30 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 18 hours DAYS

Contributory (Primary.) Cerebral hemorrhage (DURATION) 6 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Square Hospital

Date June 18 1908

Place of Burial London Park

Date June 29 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Removed to 1912 Wilkens Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B C13027

C13027

CERTIFICATE OF DEATH.

18

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura J. Hoffman

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 1 1835

AGE 73 years, 4 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt Co Md

FULL NAME OF FATHER Wm. Bosley.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eliza Klair

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Bosley

(Address) 1435 ~~W~~ N. Fulton Ave

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17, 1908

I HEREBY CERTIFY, That I attended deceased from June 6, 1908 to June 17, 1908 that I last saw her alive on June 16 1908, and that death occurred, on the date stated above, at 6:00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 6 ~~DAYS~~ hrs

Contributory (Primary.)

Myocarditis (DURATION) 1 ~~DAYS~~ Yr

(Signed) A. W. Hebberman M.D.

Address 1920 Linden Ave

Date June 17 1908

Place of Burial London Park

Date June 19 1908

Undertaker J. D. & J. C. Cook

Address 1003 W. Balto St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C13028 Registered No. B C13028

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1946 W Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Braun

{Residence, if in Baltimore, Give Street and Number.} 1946 W Pratt st

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 14 1838

AGE 70 years, 5 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Butcher

~~THE ABOVE STATED~~ PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Louisa Smallwood

(Address) 1946 W Pratt st

Filed 6/19 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from May 15 1908 to June 17 1908

that I last saw h~~im~~ alive on June 17 1908,

and that death occurred, on the date stated above, at 7.35 P. M. CAUSE OF DEATH (Secondary or Immediate

Cancer of Stomach

(DURATION) 14 DAYS

Contributory (Primary.) Cancer of Stomach

One year (DURATION) DAYS

(Signed) James Bosley M.D.

Address 1201 Hollins st

Date June 19 1908

Place of Burial Western Cem

Date June 21 1908

Undertaker Jno B Cook

Address 1503 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C13029 Registered No. B C13029

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 40 Loudon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Walpole

{ Residence, if in Baltimore, Give Street and Number. } 40 Loudon Ave

Duration of Residence in Baltimore. 5 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby 15 1908

AGE ..... years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER John L Walpole

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Minnie Lynch

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Walpole

(Address) 40 Loudon Ave

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to June 18 1908 that I last saw h-er alive on June 17 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro Intestinal

Intoxication

(DURATION) 3 DAYS

Con'ributory (Primary.)

Intestinal Indigestion (DURATION) 3 weeks

(Signed) Howard W Jones M.D.

Address Irving Rd

Date June 18 1908

Place of Burial Cathedral Cemetery

Date June 20 1908

Undertaker Charles H Preuster

Address Catonsville Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Gray

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from June 4 1908 to June 18 1908 that I last saw h alive on June 18 1908 and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate

Cancer Uterus

(DURATION) — DAYS

Contributory (Primary.) Cystitis

Exhaustion (DURATION) — DAYS

(Signed) [illegible] M.D.

Address Bay View Asylum

Date July 18 1908

Place of Burial Dale Cemetery

Date June 19 1908

Undertaker Robt. Turner

Address 1 x x 2 21. Gilmor St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13031 Registered No. B C13031

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1915 Harlem Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank B. Wyville.

{Residence, if in Baltimore, Give Street and Number.} 1915 Harlem Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 5 - 1878

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ills

FULL NAME OF ~~FATHER~~ Samuel F. Wyville

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Henrietta Miller

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas. L. Lowe

(Address) 1915 Harlem Ave

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 - 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 8 1908 to June 19 1908 that I last saw him alive on June 18 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

One week. (DURATION) 7 DAYS

Contributory (Primary.) Pulmonary Tuberculosis. (DURATION) Some months DAYS

(Signed) E. K. Whitney M.D.

Address 1103 Linden Ave

Date June 19 1908

Place of Burial London Park

Date June 21 1908

Undertaker Geo. H. Little

Address 431 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13032

C13032

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1339 Wist St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Colbert.

{ Residence, if in Baltimore, Give Street and Number. } 1339 Wist St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 1851

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas O'Keeffe

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Colbert

(Address) 1339 Wist St

Filed 6/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17, 1908

I HEREBY CERTIFY, That I attended deceased from June 8, 1908 to June 17 1908 that I last saw her alive on June 17 1908, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

– Uremia –

(DURATION) 2 DAYS

Contributory (Primary) Chronic Nephritis 2 yrs.

Dysentery (DURATION) 11 DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date June 18, 1908

Place of Burial Texas / Balto Co. Md

Date June 20 1908

Undertaker C. G. Wiedefeld & Co.

Address 213 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C13083 Registered No. B 152

CERTIFICATE OF DEATH.

(Place of Death.) No. 1205 Peabody St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Idlied of Emma & James Pryor

{Residence, if in Baltimore, Give Street and Number.} 1205 Peabody (Pryor)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR B
DATE OF BIRTH ..../....	
AGE ....X.... years, ...X.... months, ...5.... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) Md	
FULL NAME OF FATHER James Pryor	
BIRTHPLACE OF FATHER (State or country) Md	
MAIDEN NAME OF MOTHER Emma Brundy	
BIRTHPLACE OF MOTHER (State or country) Md	
OCCUPATION OF DECEASED None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Pryor

(Address) 1205 Peabody St

Filed 6/19 1908. HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from ..../.... 190.... to ..../.... 190....

that I last saw h.... alive on .... 190....

and that death occurred, on the date stated above, at 4h P M.

CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Lungs.

(DURATION) .... DAYS

Contributory (Primary.) ....

(DURATION) .... DAYS

(Signed) Fred Carruthers M.D.

Address Coroner N. C.

Date June 18—08 190....

Place of Burial Asbury

Date June 20th 1908

Undertaker R. Holliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C13034 Registered No. B C13034

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 870 Pierce St. Balt Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Roosevelt Wilson

{ Residence, if in Baltimore, Give Street and Number. } 870 Pierce St. Balt. Md

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH October 23 1907

AGE ..... years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) 1221 Shields alley Balt. Md.

FULL NAME OF FATHER Evans Cornelius Wilson

BIRTHPLACE OF FATHER (State or country) Kent County Md.

MAIDEN NAME OF MOTHER Carrie McKenney

BIRTHPLACE OF MOTHER (State or country) New Kent Virginia

OCCUPATION OF DECEASED infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evans Cornelius Wilson

(Address) 870 Pierce St Balt Md

Filed 6/19 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to June 18 1908 that I last saw h in alive on June 17 1908, and that death occurred, on the date stated above, at 3:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Broncho. Pneumonia

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. Lyn Elvin M.D.

Address 922 Madison Ave

Date 6/18 1908

Place of Burial Mt Auburn Cemetery,

Date June 19 1908

Undertaker Reliz & Pr

Address 102 E Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C13035 Registered No. B C13035

CERTIFICATE OF DEATH.

104

(Place of Death.) No. On train coming to Balto. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Stanislaw Krygier

{Residence, if in Baltimore, Give Street and Number.} 1618 Lancaster Sth

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 6 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Pass. Christian Miss

FULL NAME OF FATHER Michal Krygier

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER Marcyanna Kocinska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michel Krygier

(Address) 1618 E Lancaster

Filed 6/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June. 18. 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) DAYS

Contributory (Primary) Enteritis.

(DURATION) DAYS

(Signed) Lieut C Blake M.D.

Address 1014 W. La Fayette

Date June. 19. Coroners No 5.

Place of Burial St. Stanislaus

Date June. 19 190

Undertaker William Trzaskowski

Address 424 S. Bond. St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C13036 Registered No. B C13036

166

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno W. Irving

{Residence, if in Baltimore, Give Street and Number.} 1144 York Road.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Irwin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Keen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Irwin

(Address) 1144 York Road.

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ... 16

and that death occurred, on the date stated above, at 3 P M.

CAUSE OF DEATH (Secondary or Immediate)

Uterine Carcinoma

Hemorrhage

resulting from a

Fatty Tumor (DURATION) Yrs. DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) Thos Lewis M.D.

Address 1818 N. Chas St. Coroner

Date June 18 1908

Place of Burial St Mary's (Hampden)

Date June 21 1908

Undertaker Wm Cook

Address 922 E North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C13037 Registered No. B C13037

91

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Stevens

{ Residence, if in Baltimore, Give Street and Number. } 409 Courtland St.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Wh.

DATE OF BIRTH 1

AGE 73 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address)

Filed 6/19 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908.

I HEREBY CERTIFY, That I attended deceased from June 14 1908 to June 17 1908 that I last saw h in alive on June 17 1908, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs

(DURATION) DAYS

Contributory (Primary.) Senile bronchitis

(DURATION) DAYS

(Signed) Wm. J. Schmitt M.D.

Address City Hosp.

Date June 18 08 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 1908 190

Undertaker Commissioner Health

Address Per Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CALVERT STREET, NORTH,
BALTIMORE, MD

To whom it may Concern—

This is to certify that James M. Stephens came to this Hospital June 14 - 1908 & died here June 17 - 1908.

Age said to be 79 years.

Name & date on death certificate as James Stevens.

Wm. Schmidt M.D.
Res. Phys.

over

C-13037

Baltimore City - to wit -

I hereby certify that on this 26th day of August 1908 personally appeared before me Kennetta H. Bell and made oath that the aforegoing statement on the other side of this paper is true to the best of her acknowledge and belief.

Notary Public.

C 13037

Ward 7

C13038 Registered No. B C13038

CERTIFICATE OF DEATH.

(Place of Death.) No. 234 Old Frederick Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth A. McGreevy

{Residence, if in Baltimore, Give Street and Number.} 234 Old Frederick Road

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ...1...

AGE: 26 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John B. Mullan

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Helen Martin

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Mullan

(Address) 234 Old Frederick Road

Filed 6/19 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18th 1908

I HEREBY CERTIFY, That I attended deceased from March 12th 1908 to June 18th 1908 that I last saw her alive on June 17th 1908, and that death occurred, on the date stated above, at 2 P.M.

A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 7 DAYS

(DURATION) 150 DAYS

(Signed) John G. Holliday M.D.

Address 714 Frederick ave

Date June 19th 1908

Place of Burial New Cathedral

Date June - 20 - 1908

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13039 Registered No. B C13039

CERTIFICATE OF DEATH.

(Place of Death.) No. 69 W. West St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henry Byas.

{Residence, if in Baltimore, Give Street and Number.} 69 W. West Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Byas

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Martha Queen

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Byas

(Address) 69 W. West St.

Filed 6/14 1908 Registrar

HARRY C. ANDREWS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to June 17 1908

that I last saw him alive on June 17 1908;

and that death occurred, on the date stated above, at 12 — P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis —

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H. E. Smith M.D.

Address 528 Hanover St.

Date June 19 1908

Place of Burial St. Peter's Cemetery

Date June 20, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13040 Registered No. B

CERTIFICATE OF DEATH.

129

(Place of Death.) No. Md. Universitetet St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Bettie S. Walters

{Residence, if in Baltimore, Give Street and Number.} Fort Howard, Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N. Carolina

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — — —

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) — — —

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Walters

(Address) Fort Howard Md

Filed 6/20" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19th 1908

I HEREBY CERTIFY, That I attended deceased from 5/23 1908 to June 19 1908 that I last saw h alive on June 19th 1908 and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cordiac asthenia

(DURATION) DAYS

Contributory (Primary.) Hyperemesis gravidarum

* abortion (DURATION) DAYS

(Signed) R C Franklin M.D.

Address Maternity Hospital

Date June 19th 1908 1908

Place of Burial Oulander N. Carolina

Date June 20 1908

Undertaker H. C. Brauning

Address 5 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

* Superinduced by existence of fibroid tumor. A.D.I.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13041 Registered No. B C13041

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto. City Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carl Heuer.

{Residence, if in Baltimore, Give Street and Number.} 1415 Park Pl.

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 71 years, 5 months, days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marg. Schmidt

(Address) 1415 Bank st.

Filed 6/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908.

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to June 20 1908 that I last saw him alive on June 19 1908, and that death occurred, on the date stated above, at 5:45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary.) Chr. nephritis

Mitral insufficiency (DURATION) DAYS

(Signed) Wm. Schmidt M.D.

Address City Hosp.

Date June 20 1908

Place of Burial St. Mathias Cem.

Date June 22" 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13042 Registered No. B C13042

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 S Spring St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augusta Pratar

{ Residence, if in Baltimore, Give Street and Number. } 508 S. Spring St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Pratar

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mamie Cooper

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Pratar

(Address) 508 S Spring

Filed 6/20 1905 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17th 1905

I HEREBY CERTIFY, That I attended deceased from June 16 1905 to 17th 1905

that I last saw h alive on June 16 1905

and that death occurred, on the date stated above, at 8 A M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia.

(DURATION) DAYS

Con'ributory (Primary.) Gastro enteritis

(DURATION) 7 DAYS

(Signed) R. L. Whitehead M.D.

Address Christ Church Dispensary

Date 190

Place of Burial Mt Olivet Cemetery

Date June 20 190

Undertaker R. E. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C13043 — Registered No. B C13043

CERTIFICATE OF DEATH.

(Place of Death.) No. 1707 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 14

Full Name Catherine Dugan

{Residence, if in Baltimore, Give Street and Number.} 1707 E. Madison St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1828

AGE 80 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Keehne

(Address) 1707 E. Madison St.

Filed 6/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 24 1893 to June 18th 1908

that I last saw h alive on June 17 1908

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate) Multiple Injuries

(DURATION) 15 years

Contributory (Primary.) Exhaustion

(DURATION) , DAYS

(Signed) Edward Mitchell M.D.

Address 29 E. Lanvale St

Date June 19th 1908

Place of Burial Cathedral Cemetery

Date June 22 1908

Undertaker Chas. F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13044 Registered No. B C13044

CERTIFICATE OF DEATH. 156

(Place of Death.) No. 1911 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Rosenthal

{Residence, if in Baltimore, Give Street and Number.} 1911 Linden ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: White
DATE OF BIRTH: Apl. 27th 1853	
AGE: 54 years, 2 months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): ~~Germany~~ Baltimore	
FULL NAME OF FATHER: Henry Wolf	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Annie Bergman	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. S. Rosenthal

(Address) 1911 Linden Ave.

Filed 6/20 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: June 18th 1908	

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Inhalation of Illuminating Gas

Suicide (DURATION) ..... DAYS

Con'ributory (Primary.) Suicide

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. Av. (Coroner)

Date June 20th 1908

Place of Burial Woodlawn

Date June 21st 1908

Undertaker [illegible]

Address 923 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B C13045

CERTIFICATE OF DEATH. 166

(Place of Death.) No. Lt Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Howell

{Residence, if in Baltimore, Give Street and Number.} 424 Falls Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE About 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Milton Duvall

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Norcross

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Mill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton Duvall

(Address) 424 Falls Road

Filed 6/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.30

M. CAUSE OF DEATH (Secondary or Immediate)

Fracture Skull

Intracranial Hemorrhage

Railway Electric Line

Falls Road. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. Guthrie M.D.

Address 1818 E. Chase

Date June 21 1908

Place of Burial Mt Olivet

Date June 21 1908

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13046 Registered No. B.....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 717 George St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Peters

{Residence, if in Baltimore, Give Street and Number.} 717 George St

Duration of Residence in Baltimore..... 4 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH Oct 23 1893

AGE 14 years, 7 mont's 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Daniel Peters

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Missouri Turner

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Peters

(Address) 624 N Chapel St

Filed 6/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 19 1908

that I last saw h in alive on June 17 1908,

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) E. B. Hughes M.D.

Address 1413 Druid Hill Av

Date June 19 1908

Place of Burial Magnolia. Harford Co Md.

Date June 20th. 1908

Undertaker Felix B. Poe

Address 102 E. Mulberry.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C13047 Registered No. B [illegible]

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 771 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Franklin Hawkins

{Residence, if in Baltimore, Give Street and Number.} 771 Vine St.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH June 29 1868

AGE 39 years, 11 mont's, 19 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Richard Hawkins

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriett Watkins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Hawkins

(Address) 771 Vine St.

Filed 6/21/ 1908

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from May 29 1908 to June 19 1908 that I last saw h[illegible] alive on June 17 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

[illegible] (DURATION) ? DAYS

Con[illegible]tributory (Primary.) Exhaustion

[illegible] (DURATION) [illegible] DAYS

(Signed) S. B. Hughes M.D.

Address 1413 Druid Hill Av

Date June 19. 1908

Place of Burial Mt. Auburn Cemetery

Date June 21st. 1908

Undertaker Peter B. Pyle.

Address 102 E. Williams St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C13048 Registered No. B C13048

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1319 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name M. Cecilia Scott

{ Residence, if in Baltimore, Give Street and Number. } 1319 Myrtle Ave

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 8 1841

AGE 66 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Dominick Rapicio

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Martha Ann Coleman

BIRTHPLACE OF MOTHER (State or country) Washington D. C.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Stella F. League.

(Address) 1319 Myrtle Ave.

Filed June 20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from ——— 1906 to June 19 1908

that I last saw her alive on June 17 1908,

and that death occurred, on the date stated above, at 7 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure - dilated heart - with valvular lesions some years —

(DURATION) DAYS

Contributory (Primary.) Cardiac-Dropsy

(DURATION) 10 months DAYS

(Signed) W Fakemp M.D.

Address 8 W 25th St

Date June 19 1908

Place of Burial Green Cathedral

Date June 22nd 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C13049 Registered No. B C13049

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1808 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Caroline Grasmick

{Residence, if in Baltimore, Give Street and Number.} 1808 Bank St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 15 1907

AGE 1 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Grasmick

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Katie McJerre

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Grasmick

(Address) 1808 Bank St

Filed 6/20 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 19 1908

that I last saw her alive on June 19 1908

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

about (DURATION) 5 DAYS

Contributory (Primary) Exhaustion (DURATION) 2 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough St

Date June 19 1908

Place of Burial Mt. Carmel Cem

Date June 21st 1908

Undertaker Jno A. Inman & Bro

Address Bank & Annts

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, **to furnish within eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C13050

City of Baltimore, (No. 728 E. Fort Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Raymond E. Herzberger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. (Month) 9th (Day) 1907 (Year)

AGE: ..... years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George H. Herzberger.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Henrietta Luckhardt

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. C. Herzberger

(Address) 728 E. Fort ave.

Filed 6/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 19 1908

that I last saw him alive on June 17 1908,

and that death occurred, on the date stated above, at 3.16 P.M. The CAUSE OF DEATH was as follows:

Diarrhea & Enteritis.

(DURATION) 4 DAYS

Contributory Malnutrition (1 d)

(DURATION) — DAYS

(Signed) Wm. F. McDonald M. D.

June 19 1908 (Address) 1318 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: June 21 1908

UNDERTAKER: Jos. Pumtenick — ADDRESS: 1318 Linden Ave

WM. J. C. DULANY CO., BALTIMORE

Ward 10 Registered No. B C13051 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1437 N. Lanvale St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James J. P. Canton

{ Residence, if in Baltimore, Give Street and Number. } 1437 N. Lanvale

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 1 1876

AGE 32 years, — months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Michael A Canton

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Susie L Mc. Grain

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Susie Canton

(Address 1437 N Lanvale

Filed 6/20 1908 HARRY U. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 19 1908 that I last saw h im alive on June 18 1908, and that death occurred, on the date stated above, at 9.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia -

(DURATION) DAYS

Contributory (Primary.) Nephritis and Hepatitis

(DURATION) DAYS

(Signed) George C. Shannon M.D.

Address 700 N. Fulton Ave

Date Baltimore Md June 19 1908

Place of Burial New Cathedral

Date June 22 1908

Undertaker Jos B Cook

Address 100 3 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13052 Registered No. B C13052

CERTIFICATE OF DEATH. 165

(Place of Death.) No. 1746 Johnson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Elizabeth Lynn

{ Residence, if in Baltimore, Give Street and Number. } 1746 Johnson St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 15 1907

AGE ..... years, 15 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Matthew Lynn

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Flynn

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lynn

(Address) 1746 Johnson.

Filed 6/21 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19/08 190

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 19/08 190

that I last saw her alive on June 18/08 190 9:30

and that death occurred, on the date stated above, at .....

A.M./P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Entero-Colitis

(DURATION) 6 DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) E. D. Elles M.D.

Address 915 Light St.

Date June 20/08 190

Place of Burial New Cathedral

Date JUN 20 1908 190

Undertaker John J. Tobin & Son

Address 1822 Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91 Clk

C1305 3

Ward 2 C1305 3 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Grzynkowski.

{ Residence, if in Baltimore, Give Street and Number. } # 414 S. Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE ... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Anton Grzynkowski.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Franzis Brzyski.

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother Franzis Grzynkowski

(Address) 414 S. Ann St

Filed 6/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to June 19 1908

that I last saw h alive on June 19 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 1/2 Bradley

Date June 20 1908

Place of Burial Holy Rosary

Date Saturday June 20 1908

Undertaker M. A. Zalenski

Address 403 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C13054 Registered No. B C13054

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 N Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Anna Beilein

{Residence, if in Baltimore, Give Street and Number.} 9 N. Bradford St

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH [illegible] 1

AGE 46 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Sebastian Stella

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Beilein

(Address) 9 N. Bradford St

Filed 6/20 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from Mch 3, 1908 to June 18 1908

that I last saw h[illegible] alive on June 18 1908

and that death occurred, on the date stated above, at 8 25 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

About 5 Mo. (DURATION) DAYS

Contributary (Primary.)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date June 19. 1908

Place of Burial Holy Redeemer Cemetery

Date June 22 1908

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

W

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C13055

OFFICE OF REGISTRAR OF VITAL STATISTICS.

79

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 25 Carroll St.; Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Kamp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 5 (Day) 1848. (Year)

AGE: 60 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christian Mann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Hauser.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Kamp

(Address) 25 Carroll Ave.

Filed 6/20 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190..

and that death occurred, on the date stated above, at 2.20 P. M. The CAUSE OF DEATH was as follows:

Heart disease.
Mitral Regurg.

(DURATION) ..... DAYS

Contributory Coroner

(DURATION) ..... DAYS

(Signed) Herbert C Blake M. D.

190.. (Address) 1014 N LaSayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: June 20 1908

UNDERTAKER: J. W. Dill. ADDRESS 810 Fredk. Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C13056

Ward ..... C13056 Registered No. B .....

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2801 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Joynes

{ Residence, if in Baltimore, Give Street and Number. } 2801 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 16 1869

AGE 39 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Haas

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Anna Sambaugh

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Haas

(Address) 2801 Eastern Ave.

Filed 6/20 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Leuthen M.D.

Address 320 N Broadway

Date 190

Place of Burial Mt. Carmel Cem.

Date June 21 1908

Undertaker H. Sander & Sons

Address 1710 Eastern Ave.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

Ward 7 C13057 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 Plum alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Myrtle ~~Hammond~~ Hammond

{Residence, if in Baltimore, Give Street and Number.} 827 Plum alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH May 8 the 1907

AGE ..... years, 13 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Williams H Hammond

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Annie Murry

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hammond mother

(Address) 827 Plum alley

Filed 6/20 " 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19th 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to June 19 1908

that I last saw h[illegible] alive on June 19 1908,

and that death occurred, on the date stated above at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dranker

(DURATION) 14 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 14 DAYS

(Signed) A. W. Fowler M.D.

Address 712 S. Sharp St

Date June 20 1908

Place of Burial Mt Auburn V

Date June 21st 1908

Undertaker L. L. Brown and Son

Address 108 W Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age,** [illegible] (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C13058 [redacted] Registered No. B [redacted]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Hezekiah J Bounds

{ Residence, if in Baltimore, Give Street and Number. } 1004 N. Patterson Park Ave

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 4th 1846

AGE: 62 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Bounds

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lizzie Griffith

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter H. Bounds

(Address) 1004 N. Patterson Park Ave

Filed 6/20 1908 [redacted] Registrar

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19th 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to June 19 1908 that I last saw h[illegible] alive on June 19 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure
Endocarditis

(DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) J. Chas. Bunn M.D.

Address 1301 Patterson Park Ave

Date , 1908

Place of Burial Laurel Md Harford County

Date June 21st 1908

Undertaker Jas & Jno H. Deufel

Address 201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

C13059

Registered No. B.....

City of Baltimore, (No. 1603 Etting St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Irene Gaither

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: Dec 5 1907 (Month) (Day) (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Irene Gaither

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Arelia Burnside

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Burnside

(Address) 1603 Etting st

Filed 6/20" 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 19th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to June 18 1908 that I last saw h er alive on June 18 1908, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) ..... DAYS

Contributory "Marasmus" Real

Existed for 3 month (DURATION) ~~DAYS~~

accordding to the nurses account

(Signed) C. McDudson M. D.

June 19 1908 (Address) 1408 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: June 20 1908

UNDERTAKER: Wm J. Johnson

ADDRESS: 614 Baker st

Ward 7 C13060 Registered No. B

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1356 Cleveland St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lucy Sorrell.

{ Residence, if in Baltimore, Give Street and Number. } 1356 Cleveland.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH 1

AGE ..... years, 10 months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Richard Sorrel

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Sorrell

(Address) 1356 Cleveland St

Filed 6/20" 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia.

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W. La Fayette

Date June 18 Coroner 190 8

Place of Burial Mt Zion Cem

Date June 20. 20 190 8

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 24 C13061 Registered No. B C13061

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1007 E. Fort av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olga Emilie Retz

{Residence, if in Baltimore, Give Street and Number.} 1007 Fort av

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 1907

AGE - years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Michel Retz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Marie Gadski

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Retz

(Address) 1007 Fort Av

Filed 6/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 20th 1908

that I last saw her alive on June 19 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Convulsions (DURATION) DAYS

Contributory (Primary) Entero-colitis

(DURATION) 8 DAYS

(Signed) S Krahn M.D.

Address 1510 E. Fort av

Date June 20th 1908

Place of Burial Cedar Hill Cem

Date June 21st 1908

Undertaker C. Schlosser & Son

Address 1529 Hanover st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C13062 Registered No. C

CERTIFICATE OF DEATH. 1908.

(Place of Death.) No. 510 E. 23rd St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice C. Burgess

Residence, Give Street and Number, 510 E 23rd St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 30 March 1852

AGE 56 years, 2 months, 0 days

SINGLE, MARRIED, WIDOWED OR DIVORCED Married

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER William McCubary

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Laura Mace

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Burgess

(Address) 510 E 23 St

Filed 6/20 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 19th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to June 19th 1908 that I last saw h alive on June 19th 1908 and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate,

Chronic nephritis
Infv. Endocarditis
Uraemia

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Jeffers Buck M. D.

Address 2644 St Paul St.

Date June 20th 1908

Place of Burial Greenmount

Date June 22 1908

Undertaker Josiah Depur

Address 1600 N Hamilton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C13063 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antony Rhubottom.

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: Jan. 19, 1908

AGE: ....years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home Per Mc.

Filed 6/20" 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20, 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to June 20 1908 that I last saw him alive on June 19, 1908, and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. Gillis M.D.

Address 1519 N. Caroline St.

Date June 20, 1908

Place of Burial Cathedral Cemetery

Date June 20th 1908

Undertaker Gelis Bros.

Address 1026 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C13064 Registered No. B C13064

CERTIFICATE OF DEATH.

1908

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Jefferson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Since June 2nd.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Feb. 10, 1908

AGE ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 6/20 1908 Per MEK.

HARRY C. ANDERSON, M.S. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 19 1908

that I last saw h/s alive on June 19 1908,

and that death occurred, on the date stated above, at 11.3[illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus -

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St

Date June 20, 1908

Place of Burial Cathedral Cemetery

Date June 20th 1908

Undertaker Felix Pise

Address 1126 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14th C13065 Registered No. B C13065

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 Lemell St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conrad Domes

{ Residence, if in Baltimore, Give Street and Number. } 617 Lemell St.

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 6/20 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 20 1908 that I last saw him alive on June 18 1908, and that death occurred, on the date stated above, at 1 H. M.

CAUSE OF DEATH (Secondary or Immediate) Chronic Nephritis

(DURATION) 3 weeks

Contributory (Primary) Uraemia

(DURATION) 7 DAYS

(Signed) Jervis Ebaugh M.D.

Address 701 Pa Ave

Date June 20 1908

Place of Burial London Park

Date June 21 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C13066

Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Isaacson

{Residence, if in Baltimore, Give Street and Number.} 111 Warren Street

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 26 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Morris Lagan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Lan

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Isaacson

(Address) 111 Harrison St

Filed 6/20 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from May 22 1908 to June 20 1908

that I last saw her alive on June 20 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Stenosis &
Decompensation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address John Hopkins Hospital

Date June 20 1908

Place of Burial Hebrew Rockville

Date June 21, 1908

Undertaker McGinnis & Carroll

Address 1227 Mulliken Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13067 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Goldberg

{Residence, if in Baltimore, Give Street and Number.} 1826 Granby st

Duration of Residence in Baltimore. 9.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 50 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Frank Cramer

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Pola Sherman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Cramer

(Address) 1826 Granby st

Filed 6/20 "08

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 16, 1908 to June 19, 1908 that I last saw h— alive on June 16, 1908, and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or immediate.)

Uremia Coma.

(DURATION) 8 hrs DAYS

Con'tributory (Primary.) Chronic Interstitial Nephritis & Endocarditis (DURATION) 2 yrs DAYS.

(Signed) A. C. Hatoff M.D.

Address 116 Aisquith St.

Date 6-16 1908

Place of Burial Helma Danziale

Date June 21 1908

Undertaker Max Leiner

Address 1620 N. Calvert st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

C13068

Registered No. B.....

City of Baltimore, (No. 1022 E. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chaya Heft

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: June (Month) 17 (Day) 1908 (Year)	
AGE: — years, — months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Moris Heft	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Perle Vosowick	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) M. Heft

(Address) 1022 E. Lombard st

Filed 6/20" 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 19 1908 that I last saw her alive on June 19 1908, and that death occurred, on the date stated above, at 8. P. M. The CAUSE OF DEATH was as follows:

Congenital Atelectasis

(DURATION) 2 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) M. Hirschberg M. D.

June 20 1908 (Address) 900 E. Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Rondale	June 21 1908
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 — C13069 — Registered No. B C13069

CERTIFICATE OF DEATH. 56

(Place of Death.) No. 532 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James B. Anderson

{ Residence, if in Baltimore, Give Street and Number. } #532 Forrest St

Duration of Residence in Baltimore. 40 yrs or more

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno F Ladew

(Address) 532 Forrest St

Filed 6/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1908

I HEREBY CERTIFY, That I attended deceased from June 19th 1908 to June 20th 1908

that I last saw h[illegible] alive on June 19th 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 1 DAYS

Con'tributory (Primary) alcoholic Gastritis

Syncope (DURATION) DAYS

(Signed) John J. Veck M.D.

Address #936 E. Monument St

Date June 20th 1908

Place of Burial Loudon Park

Date June 21 1908

Undertaker Thos E Hayden

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C13070

Registered No. B C13070

1 20

CERTIFICATE OF DEATH.

(Place of Death.) No. 722 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua Wallace

{ Residence, if in Baltimore, Give Street and Number. } 722 Dover St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH June 15th 1858

AGE 72 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) A. A. Co Md

FULL NAME OF FATHER David Wallace

BIRTHPLACE OF FATHER (State or country) A. A. Co Md

MAIDEN NAME OF MOTHER Matilda ——

BIRTHPLACE OF MOTHER (State or country) A. A. Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Wallace (Son)

(Address) 722 Dover ST

Filed 6/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19th 1908

I HEREBY CERTIFY, That I attended deceased from May 18th 1908 to June 19th 1908

that I last saw him alive on June 19 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (DURATION) 30 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Link M.D.

Address 313 W. North Ave

Date June 20th 1908

Place of Burial Mt. Auburn Cem.

Date June 21 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C13071

C13071

CERTIFICATE OF DEATH. 81

(Place of Death.) No. 1122 Russel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph T. Trippe

{Residence, if in Baltimore, Give Street and Number.} 1122 Russel Street.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Samuel Trippe

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Gravee

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Trippe

(Address) 1122 Russel St.

Filed 6/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 18 1908 that I last saw h in alive on June 18 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 10 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) 31 DAYS

(Signed) H S McCaul M.D.

Address 2005 Druid Hill Ave

Date June 20 1908

Place of Burial Mt. Auburn Cem.

Date June 21 1908

Undertaker John H. Toadvine

Address 1424 W. Hill St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13072 Registered No. B C13072

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 921 N. Woy St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Mortuak

{Residence, if in Baltimore, Give Street and Number.} 921 N. Woy St

Duration of Residence in Baltimore. 24 Yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Joseph Mortuak

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mortuak

(Address) 921 N. Woy St

Filed 6/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from March 2, 1908 to June 19 1908

that I last saw him alive on , 1908,

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonary Tuberculosis

about 4 months (DURATION) DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) DAYS

(Signed) Wm J. Rysanek M.D.

Address 2008 Fallsway

Date June 20. 1908

Place of Burial Oak Hill

Date June 22 1908

Undertaker Frank Groh & Son

Address 1904 Fallsway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13073 Registered No. B C13073

144

CERTIFICATE OF DEATH.

(Place of Death.) No. 1638 Bonner St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Sott

{ Residence, if in Baltimore, Give Street and Number. } 1638 Bonner St

Duration of Residence in Baltimore. 41 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Joseph Sott

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonia Sott

(Address) 1638 Bonner St

Filed 6/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 19 1908

that I last saw h[illegible] alive on [illegible] 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cellulitis of Arm

(DURATION) 8 DAYS

Contributory (Primary.) Endocarditis

(DURATION) DAYS

(Signed) Wm J Cypower M.D.

Address 2703 Orleans

Date June 20 1908

Place of Burial Holy Redeemer

Date June 22 1908

Undertaker Frank C Evans & Son

Address 1904 Goldsmith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C13074 Registered No. B C13074

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 1518 Patapsco St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Addie F. Larkin

{ Residence, if in Baltimore, Give Street and Number. } 1518 Patapsco St

Duration of Residence in Baltimore. 15 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 28th 1867

AGE 40 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Shelley Larkin

(Address) 1518 Patapsco.

Filed 6/21 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17th 1908 to June 20th 1908

that I last saw her alive on June 19th 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or, Immediate)

Cardiac Asthenia

(DURATION) 5 DAYS

Contributory (Primary) Chronic Bright's disease

(DURATION) about 2 yrs DAYS

(Signed) J. F. Hawkins M.D.

Address 1608 Light St.

Date June 20th 1908.

Place of Burial Chester P. O.

Date JUN 23 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C13075 Registered No. B C13075

CERTIFICATE OF DEATH.

64

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Needham

{ Residence, if in Baltimore, Give Street and Number. } 423 S. Sharp St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 1847

AGE 60 years, 7 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Asa Needham

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Ann Eliza Needham

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. R. Needham

(Address) Rutherville Md

Filed 6/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1908

I HEREBY CERTIFY, That I attended deceased from June 19th 1908 to June 21st 1908

that I last saw him alive on June 20th 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory failure

(DURATION) Four hrs DAYS

Contributory (Primary.) Cerebral Hemorrhage

(apoplexy) (DURATION) 2 DAYS

(Signed) Sydenham R. Clarke M.D.

Address 230 E. 25th St

Date June 21st 1908

Place of Burial Greenmount Cemetery

Date June 23 1908

Undertaker H. H. Jenkins Funeral Home Co

Address 300 N. Madison St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13076 Registered No. B C13076

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 759 W. Hamburg st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Erwin J. Lepson

{ Residence, if in Baltimore, Give Street and Number. } 759 W. Hamburg st

Duration of Residence in Baltimore.. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 1 1906

AGE: 2 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: William Lepson

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Margret Chaillou

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Lepson

(Address) 759 W. Hamburg st

Filed 6/21 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to June 19th 1908 that I last saw h[illegible] alive on June 18 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 18 DAYS

Contributory (Primary.) Ethmoiditis

(DURATION) 2 DAYS

(Signed) Edw[illegible] M.D.

Address 517 Lexington

Date June 20 1908

Place of Burial Cathedral Bonnie Brae Cemetery

Date June 22nd 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13077 Registered No. B C13077

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 900 N. Gay St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm Wilkinson

{Residence, if in Baltimore, Give Street and Number.} 900 N. Gay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 22 1907

AGE: ..... years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edw Wilkinson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Yost

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Wilkinson

(Address) 900 N. Gay st

Filed 6/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to June 19 1908

that I last saw h-im alive on June 19 1908,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 3 Mos

Contributory (Primary.) asthenia

(DURATION) 2 DAYS

(Signed) J. Walter Thomas M.D.

Address 1278 N. Caroline St.

Date June 20 1908

Place of Burial Baltimore Cemetery

Date June 21 1908

Undertaker Henry Lutz

Address 1009 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C13078 Registered No. B13078

167

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chester Friedlander

{ Residence, if in Baltimore, Give Street and Number. } 123. S. High Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Raphael Friedlander

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachel Hurwitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Friedlander

(Address) 123 S High st

Filed 6/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 20 1908 that I last saw him alive on June 20 1908, and that death occurred, on the date stated above, at 6 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date June 21 1908

Place of Burial Hebrew Friendship Cemetery

Date June 21 1908

Undertaker Wm. Levinson

Address 1620 N. Eden st

WM. J. C. DULANY CO., BALTIMORE.

Mh Friedlander Consent June 21-08

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C13079 Registered No. B C13079

CERTIFICATE OF DEATH.

(Place of Death.) No. Mumisity Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie E. Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1806 Hope St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Whitehall Md

FULL NAME OF FATHER: Michael King

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine Stiely

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm N Thomas

(Address) 1806 Hope st

Filed 6/21 1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 2nd 1908 to June 21 1908

that I last saw h[illegible] alive on June 21 1908

and that death occurred, on the date stated above, at 8.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) General septicemia

following abortion, (DURATION) 19 DAYS

complicated by a fibroid tumor

(Signed) R C Hamilton M.D.

Address Mumisity Hospital

Date June 21st 1908

Place of Burial Whitehall Balto Co

Date June 21 1908

Undertaker John C Stough & Co

Address 1432 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13080

Ward 11 Registered No. B C13080 122

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Wonderly

{ Residence, if in Baltimore, Give Street and Number. } 1325 Mt. Royal Ave.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W. Pa

DATE OF BIRTH June 27 1840

AGE 68 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) York Co. Pa

FULL NAME OF FATHER Geo Warner

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ladie Hachett

(Address) 1325 Mt Royal Ave

Filed 6/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1908 to June 21 1908 that I last saw h Er alive on June 21 1908, and that death occurred, on the date stated above, at 9.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary) Chr. Myocarditis

Chr. nephritis (DURATION) DAYS

(Signed) Wm Schmick M.D.

Address City Hospital

Date June 21 — 1908. 190

Place of Burial York Co ~~Md~~ Pa.

Date June 23 190

Undertaker Wm Cook

Address 602 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a ful and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C130811

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

37

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. Prov. Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 13 (Day) February (Month) 1 (Year)

AGE: 21 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Mathew Co. Va

FULL NAME OF FATHER: John P Smith

BIRTHPLACE OF FATHER (State or country): Mathew Co Va

MAIDEN NAME OF MOTHER: Miss Harriett Dunge

BIRTHPLACE OF MOTHER (State or country): Gloster Co. Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Harriett Dungee

(Address) 720 Pierce St

Filed 6/21 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 19 (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from May 31 1908 to June 19 1908

that I last saw h~~er~~ alive on June 16 1908,

and that death occurred, on the date stated above, at 3 ~~p~~ M. The CAUSE OF DEATH was as follows:

General Peritonitis

(DURATION) 21 DAYS

Contributory Gonorrhea

(DURATION) 60 DAYS

(Signed) D. Paul Holt M. D.

June 19 1908 (Address) 854 N. Middle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mathew Co. Va

DATE OF BURIAL: June 22 1908

UNDERTAKER: per JAMES H. DENNIS & Co

ADDRESS: 1882 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C13082 Registered No. B C13082

40

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Chester Mills

{ Residence, if in Baltimore, Give Street and Number. } 43 St Sacrament Street Montreal Canada

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Miller

(Address) John Hopkins Hospital

Filed 6/21 190 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21 1908

I HEREBY CERTIFY, That I attended deceased from May 26 1908 to June 21 1908

that I last saw her alive on June 21 1908

and that death occurred, on the date stated above, at 5.20

M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W D Gatch M.D.

Address Johns Hopkins Hospital

Date June 21 1908

Place of Burial Montreal Canada

Date June 21 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 2nd

C13083 Registered No. B C13083

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 413 S. Ann St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaretha Schabdach

{ Residence, if in Baltimore, Give Street and Number. } 413 S. Ann St.

Duration of Residence in Baltimore. 55 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 13th 1831

AGE: 76 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Gumany

FULL NAME OF FATHER: Hurrold

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont Know.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard Schabdach

(Address) 413, S. Ann St.

Filed 6/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 — 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to June 20 1908

that I last saw h— alive on June 19 1908

and that death occurred, on the date stated above, at ——

M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

10 Dys — (DURATION) DAYS

Con'ributory (Primary.) Chronic

(DURATION) DAYS

(Signed) Jno. A. C. Monro M.D.

Address 1258 Bolton —

Date June 21 — 1908

Place of Burial Mount Carmel Cemetery

Date June 23. 1908

Undertaker Louis Heermann

Address 32 S Broadway.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY

Ward 3

Registered No. B C13084

C13084

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 320 S. Dallas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B. Jordan

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ 320 S. Dallas St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John B. Jordan

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Marg. Lutz

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Jordan

(Address) 320 S. Dallas st.

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21, 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 21 1908 that I last saw him alive on June 20 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date June 21 1908

Place of Burial Schwartz's Cem.

Date June 22 1908

Undertaker Kriedell Eikel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7K

C13085 Registered No. B C13085

CERTIFICATE OF DEATH.

(Place of Death.) No. 1037 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Mill

{Residence, if in Baltimore, Give Street and Number.} 1037 Light

Duration of Residence in Baltimore. 46 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	62 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Herman

(Address) 1037 Light St

Filed 6/22 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 — 1908

I HEREBY CERTIFY, That I attended deceased from June 1 — 1908 to June 20 1908

that I last saw him alive on June 20 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary) Cirrhosis of Liver (DURATION) DAYS

(Signed) H Klein Davis M.D.

Address 1228 E Chase

Date June 21 — 1908.

Place of Burial Bal Hebrew

Date June 22nd 1908

Undertaker Hart & Goodheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13086 Registered No. B C13086

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys Beatrice Pulley

{Residence, if in Baltimore, Give Street and Number.} 1218 N. Spring st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: June 2nd 1908

AGE: — years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wm. H. Pulley

BIRTHPLACE OF FATHER (State or country): Baltimore Co.

MAIDEN NAME OF MOTHER: Mary Frances Mackins

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mary Frances Pulley

(Address) 1218 N. Spring st.

Filed 6/22 1908

HARRY C. ANDREWS.
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21 — 1908

I HEREBY CERTIFY, That I attended deceased from June 2 — 1908 to June 21 — 1908

that I last saw her alive on June 19 1908

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate

Premature birth at 6½ months

(DURATION) 19 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date June 21 1908

Place of Burial Laurel

Date June 22 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13087½

Ward 7

Registered No. B

C13087

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 528 N. Montford Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John. E. Prell

{Residence, if in Baltimore, Give Street and Number.} 528 N. Montford

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 2 1907

AGE 1 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER George M. Prell

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Julia Ruth

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo M. Prell

(Address) 528 N. Montford Ave

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20/08 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Concussion

Sudden

(DURATION) ..... DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) Fredk Carrell M.D.

Address Coroner

Date June 20-08 190

Place of Burial Holy Redeemer

Date June 22/08 190

Undertaker Christian Miller

Address 3334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13088 C13088

Ward 11 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 E Center St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Wirt Hambleton.

{Residence, if in Baltimore, Give Street and Number.} 16 E Center St.

Duration of Residence in Baltimore. 17 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Hugh Sherwood Hambleton

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: M Helen Tripp

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hayward Hambleton.

(Address) 16 E Center St

Filed 6/22 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June. 20th 1908

I HEREBY CERTIFY, That I attended deceased from May 15th 1908 to June 20th 1908

that I last saw h[illegible] alive on June 20th 1908.

and that death occurred, on the date stated above, at 10.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion from tuberculosis

& heart weakness

(DURATION) : DAYS

Contributory (Primary.) Neplritis, mitral regurgitation & tubercu[illegible] (DURATION) DAYS

(Signed) R. B. Wanpler M.D.

Address 845 Park ave

Date June 21st 1908

Place of Burial Druid Ridge Cemetery

Date June. 22 1908

Undertaker Wm Cook

Address 502 E Northan

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the [illegible] intending the burial, a certificate setting forth, as far as the same can be ascertained, the **full n[illegible]** and [illegible] married or single) of the person

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — Registered No. B C13089

C13089

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph M. Barrett.

{ Residence, if in Baltimore, Give Street and Number. } 512 N Calvert St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1.

AGE: 48. years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Barrett.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret Hardy

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Barrett.

(Address) 512 N Calvert St

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1908

I HEREBY CERTIFY, That I attended deceased from May 20th 1908 to June 20th 1908

that I last saw h.. alive on June 20 1908.

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia —

(DURATION) DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) Frank J. Kirby M.D.

Address 110 E. North Ave.

Date June 20th 1908

Place of Burial Cathedral Cemetery

Date Jany 25 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C13091 Registered No. B C13091

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 117 N Carrolton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Theresa Dunnock (Smuck)

{Residence, if in Baltimore, Give Street and Number.} 117 N. Carrolton Ave

Duration of Residence in Baltimore. Life Smuck

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 14th 1840

AGE 68 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER George Helfrich

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaretta A Richard

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Summerfield Smuck

(Address) 117 N. Carrolton Ave

Filed 6/22 1908 BARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to June 20th 1908 that I last saw her alive on June 20 1908, and that death occurred, on the date stated above, at 8 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Failure
Mitral valve lesion.

(DURATION) DAYS

Contributory (Primary.) Catarrhal Jaundice

Bile Duct (DURATION) DAYS

(Signed) Wm A. Newell M.D.

Address 1609 Edmondson Ave

Date June 21st 1908

Place of Burial London Park

Date June 22nd 1908

Undertaker Geo J. Smith & Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C13092 Registered No. B C13092

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1209 Myrtle ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Caroline Hasenkamp

{ Residence, if in Baltimore, Give Street and Number. } 1209 Myrtle ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 13 1835

AGE 72 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Anton Boecker

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Nordhof.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Hasenkamp

(Address) 1209 Myrtle ave

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1908

I HEREBY CERTIFY, That I attended deceased from Febr 1907 to June 20th 1908 that I last saw h[er] alive on June 20th 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility
Inanition

(DURATION) 30 DAYS

Contributory (Primary.) Dementia Senilis (DURATION) 4 yrs DAYS

(Signed) Joseph E. Eichner M.D.

Address 1576 Hadrian Av.

Date June 22nd 1908

Place of Burial New Cathedral Cemetery

Date June 23" 1908

Undertaker F. A. Krause

Address 717 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C13093 Registered No. B C13093

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 857 W. Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Edythe Whittle

{Residence, if in Baltimore, Give Street and Number.} 857 W. Lombard St.

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Fair

DATE OF BIRTH Oct 23 1887

AGE 20 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto County Md

FULL NAME OF FATHER Joshua T. Whittle

BIRTHPLACE OF FATHER (State or country) Balto County Md

MAIDEN NAME OF MOTHER Elizabeth Stroal

BIRTHPLACE OF MOTHER (State or country) Balto County Md

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Blanche M. Mc[illegible]

(Address) 857 W. Lombard St.

Filed 6/22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from May 31 1908 to June 19 1908

that I last saw h[illegible] alive on June 19 1908

and that death occurred, on the date stated above, at 1[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic coma

(DURATION) 2 DAYS

Contributory (Primary.) Acute Nephritis (DURATION) 21 DAYS

(Signed) Harry Boyd M.D.

Address 62 Columbia Ave

Date June 19 1908.

Place of Burial Loudon Park

Date June 22nd 1908.

Undertaker Philip Seward Sons

Address 119 S. Eutaw St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13094

Ward 15

C13094

Registered No. B

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1343 N. Stricker St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Dailey

{Residence, if in Baltimore, Give Street and Number.} 1343 N. Stricker St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 22nd 1873

AGE 35 years, 1 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Coert Meiser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Muth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W Dailey

(Address) 1343 N. Stricker St

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1908

I HEREBY CERTIFY, That I attended deceased from April 1908 to June 20th 1908 that I last saw h.r alive on June 20th 1908, and that death occurred, on the date stated above, at 12 M. A. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Infection and absolute inability to Take any Nourishment

(DURATION) 10 DAYS

Contributory (Primary.) Cancer of Breast Post operative involving Lung and Stomach (DURATION) DAYS

(Signed) J. Whit Mason Hayes M.D.

Address 901 N. Stricker St

Date June 21 05 1908

Place of Burial Western Cemetery

Date June 23rd 1908

Undertaker Geo. Weber

Address 1155 N. Carey st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13095

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

House of the Good Shepherd

Registered No. B C13095

City of Baltimore, (No. Cor Provost & Hoffman St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1857 (Year)

AGE ..... years, 31 ~~months~~ ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland Rutland

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters of Good Shep

(Address) Mt Carmel & Hoffman

Filed 6/22 1908

HARRY C. ANDREWS
PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 1st 1908 to June 21st 1908 that I last saw h Ev alive on June 20 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

2 years (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. J. Nicholson M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters Cem

DATE OF BURIAL June 22 1908

UNDERTAKER J. J. Faherty & Son

ADDRESS 123 W Fillmore St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C13096 Registered No. B C13096

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1239 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Rosenberger

{ Residence, if in Baltimore, Give Street and Number. } 1239 E. Eager St.

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W. White

DATE OF BIRTH: 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Rosenberger

(Address) 1239 E. Eager St.

Filed 6/22 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to June 20th 1908

that I last saw him alive on June 20th 1908, and that death occurred, on the date stated above, at 9 15 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1501 E. Eager St.

Date June 21st 1908

Place of Burial Holy Redeemer Cemetery

Date June 23rd 1908

Undertaker Henry Hauck Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C13097 — Registered No. C 13097

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1102 Ashland Ave — St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Lavers (Lavers)

Residence, Give Street and Number, 1102 Ashland Ave.

Duration of Residence in Baltimore, 62 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Herbert Lavers

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louisa Lavers

(Address) 1102 Ashland Ave.

Filed 6/22 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to June 20 1908

that I last saw h— alive on June 20 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

Contributory (Primary) Chronic Diarrhea (DURATION) 6 mos DAYS

(DURATION) DAYS

(Signed) W. L. Ford M. D.

Address 1202 E Monument St.

Date June 22. 1908

Place of Burial Mt. Olivet Cemetery

Date June 23 rd. 1908

Undertaker Henry Stockbridge

Address 1301 E. Eager St.

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

C13098

Ward 5 C13098 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Thompson St. (If Death occurred in Hospital or Institution, give its Name instead of No. and Street Number.)

Full Name Infant of Barnard and Annie Rodden New Born Child

1122 Thompson

{Residence, if in Baltimore, Give Street and Number.} 1122 Thompson St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy | COLOR Colored

DATE OF BIRTH June 16 1908

AGE ..... years, ... months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Barnard Rodden

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Annie Thomas

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Thomas

(Address) 1122 Thompson St

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 — 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 19 1908

that I last saw h[illegible] alive on June 19 1908,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

asphyxia Neonatorum

Prematurity birth

(DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) Wm. J. Schmitz M.D.

Address City Hosp.

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 20 1908 190

Undertaker Commissioner Health

per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

-7

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C13099 — Registered No. B C13099

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 842 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Sarnecki.

{Residence, if in Baltimore, Give Street and Number.} 842 S. Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ~~years~~, 10 months, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Ludwik Sarnecki.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Apolonia Dranka.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Apolonia Sarnecki.

(Address) 842 S. Bond St

Filed 6/22 1908 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jun 21 1908

I HEREBY CERTIFY, That I attended deceased from Jun 16 1908 to Jun 21 1908

that I last saw h~~im~~ alive on Jun 21 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 165 Bunby

Date Jun 21 1908

Place of Burial Holy Rosary.

Date Thursday June 23 1908

Undertaker M F. Sadowski

Address 703 N. Amity St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23

C13100 Registered No. B C13100

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1752 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Helen Simon

{Residence, if in Baltimore, Give Street and Number.} 1752 Hanover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 28 1907

AGE 0 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Bernard Simon

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Jarnitz

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Simon

(Address) 1752 Hanover St.

Filed 6/22 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 21 1908 that I last saw h[illegible] alive on June 21 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 hrs DAYS

Con'tributory (Primary.) Acute Gastro-Enteric Intoxication (DURATION) 1 DAYS

(Signed) W. E. Campbell M.D.

Address 1644 Hanover St.

Date June 21 1908

Place of Burial Holy Cross. A.A.Co

Date June 21 1908

Undertaker Jos. Stumterbeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13102

1506

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

DEATH

1908

nded deceased from

190

190 ,

ted above, at 4

ry or Immediate)

RATION) DAYS

RATION) DAYS

M.D.

2 1 08 190

Hartford Co

190

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C13101 Registered No. B C13101

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1600 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Burke

{Residence, if in Baltimore, Give Street and Number.} 1600 Patapsco St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH June 20 1908

AGE — years, — months, 16 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Herman Burke

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sophia Panton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Burke

(Address) 1600 Patapsco

Filed 6/22 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to Jun 21 1908

that I last saw h er alive on Jun 20 1908,

and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 16 hrs DAYS

Con tributory ~~Primary~~ Congenital

Debility (DURATION) DAYS

(Signed) W.E.R. Campbell M.D.

Address 1644 Hanover St.

Date June 21 1908

Place of Burial Cedar Hill

Date June 22 1908

Undertaker Jos. Stansbrick

Address 1818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8

Registered No. B C13102

C13102

1506

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 Clifton Pl. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H. Dishrow

{ Residence, if in Baltimore, Give Street and Number. } 1612 Clifton Pl.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH ..... 1.....

AGE ..... X years, ... X months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltic

FULL NAME OF FATHER J. S. Dishrow

BIRTHPLACE OF FATHER (State or country) Michigan

MAIDEN NAME OF MOTHER Sarah Griffith

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. S. Dishrow

(Address) 502 E. Monument St.

Filed 6/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Heart Disease.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Carnes M.D.

Address Cor. Mulberry & Eutaw M.D.

Date June 22 1908

Place of Burial Emmerton, Harford Co.

Date June 24 1908

Undertaker Wm. Cook

Address 502 E. Monument St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C13103

Ward 24

C13103

Registered No. B

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 234 – E. Cross St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie I. Dunn

{ Residence, if in Baltimore, Give Street and Number. } 234 E. Cross St.

Duration of Residence in Baltimore. 7 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 7 1907

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: John Dunn

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Ida Schrifogle.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Dunn

(Address) 234 – E. Cross St

Filed 6/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 th 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to June 20 1908 that I last saw h er alive on June 20 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary) Gastro Enteritis (DURATION) 4 DAYS

(Signed) Frank J Doyle M.D.

Address 611 E. Fort Ave

Date June 22 1908

Place of Burial Western Cemetery

Date June 22 1908

Undertaker Hanil and Margt & Ellipsis

Address 42 & West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C13104 — Registered No. B C13104

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Martha Burgess

{Residence, if in Baltimore, Give Street and Number.} — 549 Oxford St

Duration of Residence in Baltimore. — 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B.

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Jacob Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eliza Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address)

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 19 1908

that I last saw h alive on June 19 1908

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W W Baker M.D.

Address Bay View A

Date June 22 1908

Place of Burial Laurel Cem

Date June 22 nd 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C13105 Registered No. B C13105

CERTIFICATE OF DEATH.

196

(Place of Death.) No. 1631 Division St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Joseph Robert Laura Dixon
Full Name

{Residence, if in Baltimore, Give Street and Number.} 1631 Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Afr. Am.

DATE OF BIRTH 6/21/1908

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Robert Dixon

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Laura Conaway

BIRTHPLACE OF MOTHER (State or country) Balto. City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Conway

(Address) 1631 Division

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/22 1908

I HEREBY CERTIFY, That I attended deceased from 6/21 1908 to 6/22 1908 that I last saw h[illegible] alive on 6/21, 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture delivery
Cord of twins

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mordecai Ave

Date 6/22 1908.

Place of Burial St Peters

Date June 22/8 190

Undertaker Lafarmore & Wright

Address 1364 N Gay St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C13106 — Registered No. B C13106

CERTIFICATE OF DEATH.

(Place of Death.) No. 942 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Sedlak

{ Residence, if in Baltimore, Give Street and Number. } 942 N Durham st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Vincent Sedlak

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Emma Andracek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Sedlak

(Address) 942 N Durham

Filed 6/22 1908 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 11:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Joseph A Carnduff M.D.

Address Cranes Neck

Date June 22 - 08 1908

Place of Burial Holy Redeemer

Date June 23 1908

Undertaker Frank Grach & Son

Address 1904 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13107

28

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13107

City of Baltimore, (No. 605, N. Bethel St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred Robbins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 4 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thos. Robbins

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Florence —

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Robbins

(Address) 605 N. Bethel

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to June 20 1908 that I last saw h[illegible] alive on June 19 1908, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Tuberculous Meningitis

(DURATION) 14 DAYS

Contributory Consumption

(DURATION) ..... DAYS

(Signed) Martin B. White M. D.

June 21 1908 (Address) 1101 N. Bivay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	June 22 1908
UNDERTAKER	ADDRESS
R. K. Talbert	306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C13108 — Registered No. B C13108

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 Myrtle Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Reynolds

{Residence, if in Baltimore, Give Street and Number.} 1015 Myrtle Ave.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May — 13 1840

AGE: 68 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Ralph Grant

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Louisa W Bride

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Reynolds

(Address) 1015 Myrtle Ave

Filed 6/22 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15 1908 to June 21 1908

that I last saw her alive on June 20 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Arterio Sclerosis
+ general debility

5 & months (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Chas. H. Burbert M.D.

Address 1100 W. Laf. Ave —

Date June 22nd 1908

Place of Burial Mt Olivet Cemetery

Date June 23 1908

Undertaker Wm Tickner & Son

Address Carrollton Ave & 27

See following certificate.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C 13,108

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 Myrtle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Reynolds

Residence, Give Street and Number, 1015 Myrtle Avenue

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed June 11 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: June 7.st 1908 ~~1909~~

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Arterio Sclerosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas. F. Bubert M. D.

Address

Date 190

Place of Burial Mt. Olivet

Date June 1908

Undertaker Wm. J. Dickinson & Sons

Address

Remarks Orginal of this certificate not found - This copy from Permit Stub Box # 6. 1908

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C13109

Registered No. B C13109

65

CERTIFICATE OF DEATH.

(Place of Death.) No. 1139 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E Lee

{ Residence, if in Baltimore, Give Street and Number. } 1139 Columbia Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) City

FULL NAME OF FATHER James E Lee Jr

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Brick Layer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Erma Cain

(Address) 1139 Columbia Ave

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from May 25 1908 to June 20 1908 that I last saw h in alive on June 20 1908 and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 5 DAYS

Con ributery (Primary) Softening of brain

Has been bed ridden for two years

(DURATION) DAYS

(Signed) Lew R Graham M.D.

Address 725 Columbia ave

Date June 20 1908

Place of Burial Loudon Park

Date June 22 1908

Undertaker [illegible]

Address Camden Place

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. C 13.110

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Jackson

Residence, Give Street and Number, 1630 Vincent Street

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: Colored

DATE OF BIRTH: .....

AGE: ..... years, about 5 months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed June 11 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 20th 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

DURATION ..... DAYS

Contributory (Primary) .....

DURATION ..... DAYS

(Signed) Silas Baldwin M. D. Coroner

Address .....

Date June 1908

Place of Burial Johns Hopkins Hospital

Date June 22nd 1908

Undertaker Cont. of Health, per ud

Address Healt Department

Remarks Original of this Certificate not found - This copy from Permit Stub Book #6. 1908

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C13111 Registered No. B C13111

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 1245 Battery ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R Krall.

{Residence, if in Baltimore, Give Street and Number.} 1245 Battery ave.

Duration of Residence in Baltimore. 11 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH Sept. 7th 1868

AGE 39 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Louis Krall

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Rush

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Dairyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah R Krall wife

(Address) 1240 Battery Ave

Filed 6/22 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1908

I HEREBY CERTIFY, That I attended deceased ~~from~~ on June 21 1908 to 1908 that I last saw him alive on June 21st 1908, and that death occurred, on the date stated above, at 1105 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Typhoid fever (DURATION) 12 DAYS

(Signed) G P Burton M.D.

Address 222 - E Lanvale

Date June 22nd 1908

Place of Burial Smyser's Station York Co Pa

Date June 24th 1908

Undertaker E Schlosman & Son

Address 1029 E Lanvale st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

70

C13112

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C13112

City of Baltimore, (No. 144 N. Cross St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Ackerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug (Month) 26 (Day) 1889 (Year)

AGE: 18 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Julius Ackerman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Rauhut

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Lamp Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Ackerman Brother

(Address) 1516 Jackson St

Filed 6/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 21st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1st 1908 to June 20th 1908

that I last saw him alive on June 20th 1908,

and that death occurred, on the date stated above, at 9.20 A. M. The CAUSE OF DEATH was as follows:

Phthisis

~~Phthisis~~ (DURATION) 180 DAYS

Contributory Nephritis

(DURATION) 14 DAYS

(Signed) H. J. Carrick M. D.

June 21st 1908 (Address) 1417 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: June 23 1908

UNDERTAKER: H. Schlosman & Son ADDRESS: 1009 Hanover St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C13113

Registered No. B C13113

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 S Broadway

79

Full Name Helen Mary Cooper

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. } 21 S Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR W

DATE OF BIRTH .....

AGE 73 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Capt Edward Oakes Cooper

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Bishop

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Cooper

(Address) 21 S Broadway

Filed 6/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to June 21 1908

that I last saw h alive on June 20 1908,

and that death occurred, on the date stated above, at 3 A.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

Valvular Dis. of Heart.

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date June 21 1908

Place of Burial Greenmount

Date June 23 1908

Undertaker H. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C13114 Registered No. B C13114

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Kendall

{Residence, if in Baltimore, Give Street and Number.} 108 Perry St Kendall

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hallyday

(Informant)

(Address) BAY VIEW ASYLUM

Filed 6/22 1908

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from May 14 1908 to June 20 1908

that I last saw h er alive on June 20 1908,

and that death occurred, on the date stated above, at 10 30 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W H Taha M.D.

Address Bay View A

Date June 21 1908

Place of Burial Mt Auburn

Date June 22 1908

Undertaker R A Gelien

Address 506 Ropers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13115 Registered No. B C13115

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1224 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Leonard

{Residence, if in Baltimore, Give Street and Number.} 1224 E. Biddle St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 86 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nurse

(Address) 1224 E. Biddle St

Filed 6/22" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Dr Fenton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 20 1908 that I last saw h-e alive on June 20 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) old age

(DURATION) DAYS

(Signed) James M. Fenton M.D.

Address 706 E Chase St

Date June 22 1908

Place of Burial Cathedral

Date June 23, 1908

Undertaker W. C. Weidefeld

Address 917 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13116 Registered No. B C13116

CERTIFICATE OF DEATH. 79

(Place of Death.) No Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret Dornan

{Residence, if in Baltimore, Give Street and Number.} 1203 E. Biddle St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Esther Hollyday

(Address) BAY VIEW ASYLUM.

Filed 6/22" 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 21 1908 that I last saw h e alive on June 21 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W W Faber M.D.

Address Bay View

Date June 21 1908

Place of Burial Cathedral

Date June 23, 1908.

Undertaker H. C. Middlefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward W

C13117

Registered No. B C13117

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1448 Lemington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Edwards Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1448 Lemington St.

Duration of Residence in Baltimore. 4 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Feby. 23rd 1908

AGE: ~~4~~ years, ~~4~~ months, ~~—~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Wm. J. Johnson

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: Sarah Bell

BIRTHPLACE OF MOTHER (State or country): Balt.

OCCUPATION OF DECEASED: ~~———~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. M. Johnson

(Address) 1450 Henry St

Filed 6/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to June 22 1908 that I last saw him alive on June 22 1908, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ? DAYS

Contributory (Primary) Heart.

(DURATION) ? DAYS

(Signed) Le. A. Delaplaine, M.D.

Address 435 E. Fort Ave

Date June 22 1908

Place of Burial Holy Cross G. C. Co.

Date June. 23 1908

Undertaker C. E. Hasle

Address 115 E West St

WM. J. C. DuBANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C13118 — Registered No. B C13118

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie Mc Mahon

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 1837

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Hughes Moon

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Castob

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 6/22 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 21st 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h.. alive on June 19 1908,

and that death occurred, on the date stated above, at 8 p. M. CAUSE OF DEATH (Secondary or Immediate) Myocardial degeneration

unknown (DURATION) DAYS

Contributory (Primary.) Dropsy

Unknown (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date June 22 1908

Place of Burial St Peters Cem.

Date June 24 1908

Undertaker John J. Cowan

Address 901 Hallins.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13119

C13119

Ward 19 Registered No. B

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1929 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Bender

{Residence, if in Baltimore, Give Street and Number.} 1929 Wilhelm St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1857

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Goodhans

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Bender

(Address) 1929 Wilhelm St.

Filed 6/22" 1908

BARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 22 1908

that I last saw her alive on June 21 1908

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary) Acute Nephritis

(DURATION) DAYS

(Signed) Walter Adler M.D.

Address 442 Fulton Ave

Date June 22 1908

Place of Burial Mt Olivet Cemetery

Date June 24 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

Buried

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C13120 Registered No. B C13120

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Tufft

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH May 11 1908

AGE ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address)

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to June 16th 1908

that I last saw h[illegible] alive on " 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate

Congenital Debility

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fuller M.D.

Address 906 Biddle St.

Date June 19th 1908

Place of Burial New Cathedral

Date June 22nd 1908

Undertaker Martin J. Gahey Inc.

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

HEALTH DEPARTMENT, City of Baltimore.

C13121

Registered No. C 13121

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 E. Oliver st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Boston Eberly

Residence, Give Street and Number, 14 W.E. Oliver st.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Pa

FULL NAME OF FATHER Benj. Eberly

BIRTHPLACE OF FATHER (State or county) Pa.

MAIDEN NAME OF MOTHER Catherine Bosler

BIRTHPLACE OF MOTHER (State or county) Pa

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 14 E. Oliver St.

Filed 6/23 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 20. 1908

I HEREBY CERTIFY, That I attended ~~deceased~~ aigned from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac failure

(DURATION) DAYS

Contributory (Primary) Gastritis (?)

(DURATION) DAYS

(Signed) W. F. Riley. Coroner M. D.

Address 1639 Broadway

Date June 21 - 1908

No Interment.

Place of Burial London Park

Date June 23" 1908

Undertaker Chas F. Evans

Address 1184-1200 W. Mt Royal Ave

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C13122 — Registered No. B C13122 — 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1104 Woodyear St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jerome Griffin.

{Residence, if in Baltimore, Give Street and Number.} 1104 Woodyear St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR C

DATE OF BIRTH — 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles Griffin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Griffin

(Address) 11-04 Woodyear St

Filed 6/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 21st 1908 that I last saw h or alive on June 20 1908, and that death occurred, on the date stated above, at a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

(DURATION) DAYS.

Contributory (Primary.) Enteri- Colitis 5

(DURATION) DAYS

(Signed) W. J. Carr, Jr. M.D.

Address 515 N. Mosher St.

Date June 23 1908

Place of Burial Laurel

Date June the 23d 1908

Undertaker Alfred Forehand

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C13123

Ward 19 C13123 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 N Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T. Robinson

{ Residence, if in Baltimore, Give Street and Number. } 315 N Fulton ave

Duration of Residence in Baltimore. 46 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 9th 1835

AGE 72 years, 8 months, 12 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Cambridge Md

FULL NAME OF FATHER Edward Robinson Not Known

BIRTHPLACE OF FATHER (State or country) " do

MAIDEN NAME OF MOTHER Harriet Phillips

BIRTHPLACE OF MOTHER (State or country) " do

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. J. Alford

(Address) 315 N Fulton ave

Filed 6/23 1908

HARRY O. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to June 21 1908 that I last saw him alive on June 21 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

unknown (DURATION) DAYS

Contributory (Primary.) —

— (DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette st

Date June 23 1908

Place of Burial Mt Olivet Cemetery

Date June 24th 1908

Undertaker Edward J Mowen Co

Address 215 Park Av.

WM. J. C. DULANY CO., BALTIMORE

Dr C C McDowell 1521 W Fayette st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13124 Registered No. B C13124

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Frey

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt.

(Address) BAY VIEW ASYLUM

Filed 6/23 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 1908

I HEREBY CERTIFY, That I attended deceased from 6/11 1908 to June 20 1908 that I last saw him alive on June 20 1908, and that death occurred, on the date stated above, at 12:30 M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) H. O. Tebb M.D.

Address Bay View

Date June 20 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 22 1908 1908

Undertaker G. L. Sturley

Address 931 N. Mount St.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C13125

Ward 18

C13125 Registered No. B

108

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 W. Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Paul Dempsey

{Residence, if in Baltimore, Give Street and Number.} 825 W. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John C. Dempsey

BIRTHPLACE OF FATHER (State or country): Hanover Penn

MAIDEN NAME OF MOTHER: Anna Giles

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Dempsey

(Address) 825 W. Lombard St

Filed 6/23 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to June 22 1908 that I last saw him alive on June 22 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

This baby developed meningeal symptoms late in disease

Six days (DURATION) DAYS

Contributory (Primary.) Hattening

(DURATION) DAYS

(Signed) J. Le. Bonnell M.D.

Address 1302 W. Lombard st

Date June 23 1908

Place of Burial New Cathedral Cemetery

Date Jun 23/ 1908

Undertaker H. C. Bramming M.

Address 5 S. Poppleton st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13126

City of Baltimore, (No. 708 N Stockton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant boy Leonard & Priscilla Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Dark
DATE OF BIRTH: (Month) (Day) 1 (Year)	
AGE: ..... years, ... months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singe.	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Leonard Jones	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Priscilla Pendleton	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Priscilla Jones

(Address) 708 N Stockton

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 21 1908 to — 190..

that I last saw h— alive on June 21 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Convulsions

—

(DURATION) ..... DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) J. Tyler Smith M. D.

June 22 1908 (Address) 717 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	June 23 1908
UNDERTAKER: Saml H Chase & Co	ADDRESS: 1400 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C13127 Registered No. B C13127

81

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Payne

{ Residence, if in Baltimore, Give Street and Number. } Newport Charles Co Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 50 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): U.S.A.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): U.S.A.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Payne

(Address) 614 Baker st

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 4 1908 to June 21 1908 that I last saw him alive on June 21 1908, and that death occurred, on the date stated above, at 10.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis; Chronic myocarditis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. O'. Clough M.D.

Address Johns Hopkins Hospital

Date June 23 1908

Place of Burial Loyaro Station Charles Co Md

Date June 22 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

C13128

Registered No. B C13128

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 W. Church St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eddie Wilson

{ Residence, if in Baltimore, Give Street and Number. } 15 W Church St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Wilson

BIRTHPLACE OF FATHER (State or country): N. Carolina

MAIDEN NAME OF MOTHER: Sarah Jenifer

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wilson

(Address) 15 W Church St

Filed 6/23 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from May 21 1908 to June 22 1908

that I last saw him alive on June 22 1908

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate

Intestinal Tuberculosis

(DURATION) 1 DAYS

Contributory (Primary.) Same

(DURATION) DAYS

(Signed) H S McCaul M.D.

Address 2005 Druid Hill Ave

Date June 22 1908

Place of Burial Mt Auburn Md

Date June 25 th 1908

Undertaker C. J. Brown & Son

Address 108 W Monument St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13129 Registered No. B C13129

CERTIFICATE OF DEATH. 11

(Place of Death.) No Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elias Sharp

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR B.

DATE OF BIRTH ..... 1 .....

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to June 22 1908

that I last saw h alive on June 22 1908, 9:30

and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Broken Compensation Heart.

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion.

..... (DURATION) ..... DAYS

(Signed) W. R. Eckhardt M.D.

Address Bay View E.

Date June 22 1908

Place of Burial Laurel County

Date June 23 1908

Undertaker Felix E. Pyle

Address 107 E. Hulbert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13130 Registered No. B C13130

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 2923 Dillon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Single

{Residence, if in Baltimore, Give Street and Number.} 2923 Dillon st

Duration of Residence in Baltimore. 56 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 5 1852

AGE: 56 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Single

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Single

(Address) 2923 Dillon St.

Filed 6/23 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21. 1908

I HEREBY CERTIFY, That I attended deceased from April 30. 1908 to June 21. 1908

that I last saw him alive on June 21. 1908

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) 2 DAYS

Con'ributory (Primary.) Rheumatism & acute Nephritis (DURATION) 53 DAYS

(Signed) David W. Jones M.D.

Address 3116 O'Donnell st

Date June 22. 1908

Place of Burial Mt. Carmel Cemetery

Date June 24th 1908

Undertaker H SANDER & SONS. 1708 1710 Canton Avenue.

Address S.E. Cor. Broadway & Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C13132 Registered No. B C13132

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 2458 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Cook

{Residence, if in Baltimore, Give Street and Number.} 2458 W. Balto St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 21st 1908

AGE: 86 years, 10 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Peck

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Clark

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary B. Matthews

(Address) 2458 W. Balto St

Filed 6/23 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to June 19th 1908 that I last saw h[er] alive on June 19th 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Senile Debility

6 months (DURATION) - DAYS

Contributory (Primary.) Old age

(DURATION) — DAYS

(Signed) John A Bpl M.D.

Address 701 N Gaudlow ave

Date June 22 1908

Place of Burial London Park

Date June 23 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C13131 Registered No. B C13131

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 927 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Buxbaum

{Residence, if in Baltimore, Give Street and Number.} 927 W. Lombard St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 2 1898

AGE: 10 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph E. Buxbaum

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Mary C. Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: School-child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Buxbaum

(Address) 922 W Lombard St

Filed 6/23 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 22 1908

I HEREBY CERTIFY, That I attended deceased from May 21 1908 to June 22 1908 that I last saw h[illegible] alive on June 22 1908, and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation and Cardiac Hypertrophy (DURATION) 60 DAYS

Contributory (Primary.) Exhaustion (DURATION) 3 DAYS

(Signed) Jno. C. Wunder M.D.

Address 1823 Madison Ave

Date June 22 1908

Place of Burial St Peters

Date June 24 1908

Undertaker John H Boyer

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C13133 *Registered No. B* C13133

19

CERTIFICATE OF DEATH.

(Place of Death.) *No.* St. Joseph Gannan Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Nedal (Nedale)

{ Residence, if in Baltimore, Give Street and Number. } 922 Bolton St.

Duration of Residence in Baltimore. About 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ind

FULL NAME OF FATHER Geo Anderson

BIRTHPLACE OF FATHER (State or country) Ind

MAIDEN NAME OF MOTHER Henrietta Green

BIRTHPLACE OF MOTHER (State or country) Ind

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgetta Anderson

(Address) 922. Bolton st

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to June 19 1908 that I last saw h sr alive on June 19 1908, and that death occurred, on the date stated above, at 11a m. CAUSE OF DEATH (Secondary or Immediate)

Mitral Stenosis

(DURATION) 1 DAY

Contributory (Primary.) Mitral Stenosis

(DURATION) 11 DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 6/9. 1908

Place of Burial Int Auburn Cmt

Date June 23rd 1908

Undertaker Alex Hemsley

Address 528 N. Bridge St

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, CITY OF BALTIMORE. B13134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

Registered No. B C13134

City of Baltimore, (No. 70 S Fessier St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Minnie Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 53 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Wm P. Brown

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Amy Brown

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. Brown

(Address) 1928 Brunt st

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22d 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 21st 1908 that I last saw h alive on June 21 1908, and that death occurred, on the date stated above, at 4 ~~a~~ m. The CAUSE OF DEATH was as follows:

Organic Heart Disease

Abscess of Iliac (DURATION) ~~DAYS~~

Contributory Exhaustion

Many years (DURATION) ~~DAYS~~

(Signed) Edmund M. Wise M.D.

June 23 1908 (Address) 706 N Howard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn East

DATE OF BURIAL: June 24 1908

UNDERTAKER: Alex Hemsley

ADDRESS: 578 W. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C13135 Registered No. B C13135

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaf Nizioleck (Niziolek)

{Residence, if in Baltimore, Give Street and Number.} # 709 S. Regester St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 26 1908

AGE: ..... years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wojciech Niziolek

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Bronislawa Gozola

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bronislawa Niziolek

(Address) 709 S Regester St

Filed 6/23 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 22 1908 that I last saw him alive on June 22 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anne St

Date June 22 1908

Place of Burial Holy Rosary

Date June 23 1908

Undertaker William Trackowski

Address 424 S Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C13136 Registered No. B C13136

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 526 S. Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles A. Peetz

{Residence, if in Baltimore, Give Street and Number.} 526 S Smallwood

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 10th 1908
AGE	years, 5 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Otto Peetz
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Minnie Kramer
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Peetz

(Address) 526 S. Smallwood

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 22 1908

that I last saw him alive on June 22 1908

and that death occurred, on the date stated above, at 11:45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Stomach Enteritis

(DURATION) 15 DAYS

Contributory (Primary) Teething

(DURATION) DAYS

(Signed) Walter A. Lee M.D.

Address 543 Fulton Ave

Date June 23 1908

Place of Burial Trinity Cem

Date 6/23/08 190

Undertaker Henry Yon

Address 900 S Allendale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13137 Registered No. B C13137

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Heibeck

{ Residence, if in Baltimore } —
{ Give Street and Number. }

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20 — 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1901 to June 20 1908

that I last saw h— alive on June 20 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Strangulation

Bowel —

(DURATION) — DAYS

Contributory (Primary.) Peritonitis —

(DURATION) DAYS

(Signed) W. H. Taha M.D.

Address Bay View A —

Date June 20 1908

Place of Burial Mt Carmel Cem

Date 6/23/08 190

Undertaker J. Herwig & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C13138 — Registered No. B C13138

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 N. Duncan Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. O. Weber

{Residence, if in Baltimore, Give Street and Number.} 15 N. Duncan Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 25 1907

AGE — years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Louis Weber

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Maria R. Viesinger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Weber

(Address) 15 N. Duncan Pl

Filed 6/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22nd 1908

I HEREBY CERTIFY, That I attended deceased from June 21 1908 to June 22 1908 that I last saw h-- alive on June 22 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

(DURATION) DAYS

Con'ributory (Primary.) Acute gastro intestinal intoxication (DURATION) 2 DAYS

(Signed) J. W. Preston M.D.

Address 1806 E Balto

Date June 22 1908

Place of Burial St Alphonsus Cemetery

Date June 24/08 190

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C13139 Registered No. B C13139

CERTIFICATE OF DEATH.

62

(Place of Death.) No. 1530. W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William B Boswell

{ Residence, if in Baltimore, Give Street and Number. } 1530 W Lexington St.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1st 1864

AGE 44 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Fielder Boswell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lucy Gantt

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Boswell

(Address) 1530. W Lexington St

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 18 1907 to June 21 1908 that I last saw h alive on June 21 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Anemia

(DURATION) 6 months DAYS

Contributory (Primary.) Locomotor Ataxia

(DURATION) 8 years DAYS

(Signed) H. M. Clemson, M.D.

Address 431 North Grey St.

Date June 22 - 1908

Place of Burial Loudon Park Com

Date June 23rd 1908

Undertaker Geo M. Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C13140 Registered No. B C13140

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 3258 Barclay St. Ext. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Washington

{ Residence, if in Baltimore, Give Street and Number. } 3258 Barclay St. Ext.

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Thos Joyce

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Washington

(Address) 3258 Barclay St

Filed 6/23 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21, 1908

I HEREBY CERTIFY, That I attended deceased from June 10, 1908 to June 21 1908 that I last saw her alive on June 21, 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure & Phthisis

(DURATION) one DAYS

Contributory (Primary.) Chronic syphilis

do not know (DURATION) DAYS

(Signed) Maurice E. Shamer, M.D.

Address 1213 N. Gilmor St.

Date June 22, 1908

Place of Burial Woodlawn

Date June 23 1908

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C13141 — Registered No. B C13141

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1141 Hollins St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Olivire

{ Residence, if in Baltimore, Give Street and Number. } 1141 Hollins St

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1846

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): France

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): France.

OCCUPATION OF DECEASED: Huckster.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) E. Olivire

(Address) 1141 Hollins St

Filed 6/23 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to June 21 1908 that I last saw him alive on June 21 1908, and that death occurred, on the date stated above, at 9.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia.

(DURATION) 5 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) A. D. Driscoll M.D.

Address 302 N. Carroll Ave

Date June 23 1908

Place of Burial St Peters

Date June 24th 1908

Undertaker John Field

Address 120 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 Registered No. B C13142

C13142

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 1504 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Dewey Purnell.

{ Residence, if in Baltimore, Give Street and Number. } 1504 N. Gay St.

Duration of Residence in Baltimore. Two years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 10 1899

AGE: 8 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Brooklyn N. Y.

FULL NAME OF FATHER: Charles B. Purnell

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Kath. Stakes.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Russell

(Address) 1442 N Gay St

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 21 1908

that I last saw h saw alive on June 21 1908,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or ~~Immediate~~)

Acute Nephritis.

(Bright's)

(DURATION) 4 DAYS

Contributory (Primary.) Unknown

(DURATION) DAYS

(Signed) B. P. Herzog M.D.

Address 1601 Patterson Park Ave

Date June 22 1908

Place of Burial Loudon Park

Date June 24th 1908

Undertaker Geo Russell

Address 1442 N Gay St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13143

Ward 9 C13143 Registered No. B 1508

CERTIFICATE OF DEATH.

(Place of Death.) No. 2240 Preston Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Zeink

{Residence, if in Baltimore, Give Street and Number.} 2240 Preston Pl.

Duration of Residence in Baltimore. 11 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 1 1907

AGE ... years, 4 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) N.Y.

FULL NAME OF FATHER Ernst Zeink

BIRTHPLACE OF FATHER (State or country) N.Y.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) N.Y.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernst Zeink

(Address) 2240 Preston Pl

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ... a

and that death occurred, on the date stated above, at 5 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hydrocephalus

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fredk Carnelius M.D.

Address Coroners Office

Date June 22 1908

Place of Burial Bethlehem

Date June 23 1908

Undertaker Robt J Turner

Address 1512 N. Bway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

HEALTH DEPARTMENT, City of Baltimore.

C13144 Registered No. C C13144

CERTIFICATE OF DEATH.

166

(Place of Death.) No. in Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis H. Shutt

Residence, Give Street and Number, 2019 E. Chase St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: July 11, 1872

AGE: 35 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER John Shutt

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Elizabeth D. Ockstadt

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Shutt

(Address) 2019 E. Chase st

Filed 6/23 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 22 1908 that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.40 P M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema Lungs

24 (DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis Fracture Base Skull (DURATION) DAYS

(Signed) W. F. Riley, Lennox M. D.

Address 1632 Bond Ave

Date June 22 1908

Place of Burial Baltimore Cemetery

Date June 25-1908 190

Undertaker Zirkler & Zirkler

Address 1739 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C13145 — Registered No. B C13145

87

CERTIFICATE OF DEATH.

(Place of Death.) No. 900 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian M Belt.

{ Residence, if in Baltimore, Give Street and Number. } 906 N. Castle St

Duration of Residence in Baltimore. City

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White.
DATE OF BIRTH	March 1894
AGE	14 years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	George H. Belt
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Elsie V. Smith
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elsie V. Belt

(Address) 900 N. Castle St.

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from May 2nd 1908 to June 22 1908 that I last saw her alive on June 14 1908, and that death occurred, on the date stated above, at 12.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism

(DURATION) } DAYS

Contributory (Primary.) Endocarditis

(DURATION) 1, 0 DAYS

(Signed) Wilmer Brady M.D.

Address 1 Hutzler Parkway

Date 190

Place of Burial Baltimore Cemetery

Date June 24th 1908

Undertaker Henry Hourck Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever ... shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness ... notice, to furnish within **eighteen hours after death**, to the Undertaker ... setting forth, as far as the same can be ascertained, the **full name** ... deceased, and the **cause and date of death**. ... when the case comes under his

HEALTH DEPARTMENT, City of Baltimore.

C13146

Ward 11

Registered No. B C13146

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 308 N. Eutaw St

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nacy J. Baker

{Residence, if in Baltimore, Give Street and Number.} 825 Hamilton Terrace

Duration of Residence in Baltimore. About 30 yea

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: April 9 1854

AGE: 54 years, 2 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Baker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Miles

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Issie F. Baker

(Address) 825 Hamilton Terrace Balto Md

Filed 6/23 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

Sudden (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date June 23 1908

Place of Burial London Park Cem

Date June 24 1908

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C13147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C13147

City of Baltimore, (No. 639 N. Fulton Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Amelia J. Lyon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 14th (Day) 1868 (Year)

AGE: 40 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: George Houck

BIRTHPLACE OF FATHER (State or country): Carroll Co.

MAIDEN NAME OF MOTHER: Elizabeth Arnold

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Houck per Dr. Reeder

(Address) Catonsville Md

Filed 6/23 1908 (BARRY C. ANDREWS, PERMIT CLERK.) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 22nd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to June 22nd 1908 that I last saw h[illegible] alive on June 22nd 1908, and that death occurred, on the date stated above, at 5 30 P.M. The CAUSE OF DEATH was as follows:

Aortic Stenosis

Several Years (DURATION) ..... DAYS

Contributory Acute dilatation

(DURATION) 2 DAYS

(Signed) J. Dawson Reeder M. D.

June 23rd 1908 (Address) 639 N. Fulton Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western Cem.

DATE OF BURIAL: June 24 1908

UNDERTAKER: E. Madison Mitchell

ADDRESS: 1201 N. Fulton Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

12

HEALTH DEPARTMENT, CITY OF BALTIMORE. 13148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

108

CERTIFICATE OF DEATH.

C13148

Registered No. B.....

City of Baltimore, (No. 2724 N. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Anna Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb. (Month) 11 (Day) ~~1905~~ (Year)

AGE: 0 years, 4 months, 2 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Oscar Monsarrat

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Ellen Daniel

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul G. Brooke

(Address) Baltimore Md

Filed 6/23 1908 BARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 22 1908 that I last saw h[illegible] alive on June 22 1908, and that death occurred, on the date stated above, at 9.45 A. M. The CAUSE OF DEATH was as follows:

Strangulated Hernia

(DURATION) 2 DAYS

Contributory Operation re Empyema

(DURATION) ..... DAYS

(Signed) Lewis R. Palmer M. D.

June 22 1908 (Address) 1021 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1212 Madison Ave. How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death? 1212 Madison Ave

PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: June 24 1908

UNDERTAKER: E. Madison Mitchell

ADDRESS: 1201 W. Fayette

HEALTH DEPARTMENT, City of Baltimore.

C13149

Ward 16 C13149 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 N. Fremont Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank D Williamson

{ Residence, if in Baltimore, Give Street and Number. } 918 N. Fremont

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Williamson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Amelia Long

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Williamson

(Address) 918 N. Fremont

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1907 to June 22 1908 that I last saw h[illegible] alive on June 22 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

— 7 Months (DURATION) 10 DAYS

Contributory (Primary.) — —

— — (DURATION) DAYS

(Signed) E. Miller Reed, M.D.

Address 904 N. Fremont Ave.

Date June 23 1908

Place of Burial Loudon Park

Date June 25/908 190

Undertaker Wm Cook

Address 502 E Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C13150 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward [illegible] Registered No. C C13150

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 7 South Hare St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Frank Roeder

Residence, Give Street and Number, 7 S. Hare St

Duration of Residence in Baltimore, 9 days

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH June 13 th 1908

AGE ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Frank. H. Earnest Roeder

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Maggie McGill

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank H. E Roeder

(Address) 7 S Hare St.

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 23 1908

that I last saw h alive on June 23 1908

and that death occurred, on the date stated above, at 2.25 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Arrhythmia

(DURATION) 1 DAYS

Contributory (Primary) Toxemic Jaundice

(DURATION) 6 DAYS

(Signed) F. H. Herrmann, M. D.

Address 3115 E Baltimore St.

Date June 23/ 1908

Place of Burial Baltimore Cem

Date June 24 1908

Undertaker Lowe Co

Address 502 E Hartford.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C13151. Registered No. B C13151

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1434 Richardson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Kohler

{Residence, if in Baltimore, Give Street and Number.} 1434 Richardson St

Duration of Residence in Baltimore. 11 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June VI St 1908

AGE ..... years, ... months, 11 hrs ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jacob Kohler

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Anna Prickman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Kohler

(Address) 1434 Richardson St

Filed 6/23 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June VI 2nd 1908

I HEREBY CERTIFY, That I attended deceased from June VI 1908 to June VI 1908 that I last saw him alive on June VI 2nd 1908 and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Congenital Debility

(DURATION) 11 hrs ~~DAYS~~

(Signed) S. Kahn M.D.

Address 1510 E. Fort Av.

Date June VI 2nd 1908

Place of Burial Holy Cross R.C.

Date June 23rd 1908

Undertaker Jos. Stonebreck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C13152 Registered No. B C13152

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1403 Andre St (If Death occurred Hospital or Institut give its Name inst of Street and Numb

Full Name Anthonia Elisa Becker

{Residence, if in Baltimore, Give Street and Number.} 1403 Andre St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White ~~Male~~

DATE OF BIRTH October 12th 1907

AGE ..... years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frederick Becker

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anthonia Walter

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Becker

(Address) 1403 Andre St

Filed 6/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 190

I HEREBY CERTIFY, That I attended deceased fr June 18th 1908 to June 23rd 1908

that I last saw her alive on June 22nd 1908

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediat

Asthenia

(DURATION) 1 D

Contributory (Primary.) Marasmus

1 month (DURATION) D

(Signed) M Kahn M.

Address 677 Columbia Av.

Date June 23rd 1908 190

Place of Burial Edgewood

Date June 24 1908

Undertaker Jos. Stantelberg

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13153

Ward 11 C13153 Registered No. B

CERTIFICATE OF DEATH.

109

(Place of Death.) No. 1022 Deckers al. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Edwards

{ Residence, if in Baltimore, Give Street and Number. } 1022 Deckers al,

Duration of Residence in Baltimore. about 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Elizabeth Pitts

(Address) 1022 Deckers Alley Per Mrs K.

Filed 6/23" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 - 1908

I HEREBY CERTIFY, That I attended deceased from June 4 - 1908 to June 22 1908 that I last saw h[illegible] alive on June 22 - 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Contentional Hemorrhage (probably due to ulceration of prostatation -

Eighteen (DURATION) DAYS

Contributory (Primary.) Inanition as above (DURATION) DAYS

(Signed) Carlton McCoy M.D.

Address 1101 W. Lanvale St.

Date June 22 - 1908

Place of Burial Mt. Auburn Cemetery

Date June 25 Th. 1908

Undertaker Felix Pyne

Address 1026 Fulton ave.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C13154 Registered No. B C13154

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1131 Corbie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aubrey J. Jones

{Residence, if in Baltimore, Give Street and Number.} 1131 Corbie St—

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 24 Jan 1908

AGE ~~years~~ 5 months ~~days~~

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER George Jones

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Florence Newkirk

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. X Jones

(Address) 1131 Corbie St—

Filed 6/24 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23 June 1908

I HEREBY CERTIFY, That I attended deceased from 12 June 1908 to 23 June 1908

that I last saw him alive on 23 June 1908

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edmund Cotton M.D.

Address 1822 Hunt St

Date 23 June 1908

Place of Burial Cedar Hill

Date June 24th 1908

Undertaker Jos. Stonebrook

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

6

C13155

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

C13155

Registered No. B .....

City of Baltimore, (No. Md. Wilson 1619 Orleans St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: col.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Thompson

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Annie Wilson

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Annie Thompson

(Address) 1609 Edmondson St

Filed 6/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 19 1908 that I last saw h[er] alive on June 19 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Malnutrition

Ileo colitis -

(DURATION) 14 DAYS

Contributory Bronchopneumonia

(DURATION) ..... DAYS

(Signed) ..... M. D.

804 1908 Caroline St. (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: June 24 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 516 Pratt

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C13156 Registered No. B C13156

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2505 Canton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie R. Sinnis

{Residence, if in Baltimore, Give Street and Number.} 2505 Canton Ave

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 10 1867

AGE 41 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Stephen Gill

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Margaret Robinson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Robinson

(Address) 3206 O'Donnell St

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22nd 1908

I HEREBY CERTIFY, That I attended deceased from March 3rd 1908 to June 22nd 1908

that I last saw h[er] alive on June 22nd 1908,

and that death occurred, on the date stated above, at 10:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Et Cancrum

Contributory (Primary.) Phthisis Pulmonalis (DURATION) — DAYS

(DURATION) DAYS

(Signed) Herman J. Guenz M.D.

Address 1937 Canton Ave.

Date June 23rd 1908

Place of Burial Mt Carmel

Date June 25 1908

Undertaker Zickler + Zickler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7D C13157 Registered No. B C13157

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1913 McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry A Wyatt Jr

{ Residence, if in Baltimore, Give Street and Number. } 1913 McHenry Life-Time

Duration of Residence in Baltimore. ~~Acted as Coroner~~

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	..... years, 11 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Harry Wyatt
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Elba Murphy
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Harry A Wyatt

(Address) 1913 McHenry St

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Lieut. C Blake M.D.

Address 1614 W Lafayette

Date June 23. Coroner 1908

Place of Burial St Peters

Date June 24 1908

Undertaker John Keenan

Address 901 Hollins St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C13158 Registered No. C C13158

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 304 S. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Thurst

Residence, Give Street and Number, 304 S. Madeira St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1

AGE ..... years, 7 months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Balto. Md

FULL NAME OF FATHER August Thurst

BIRTHPLACE OF FATHER (State or county) Balto. Md

MAIDEN NAME OF MOTHER Mary Fisher

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Thurst

(Address) 304 S. Madeira St

Filed 6/24 190 8 HARRY O. ANDREWS Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to June 23 1908 that I last saw h~~im~~ alive on June 22 1908 and that death occurred, on the date stated above, at 1.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary) Exhaustion (DURATION) 1 DAYS

(Signed) Geo. Heller M. D.

Address 1937 Gough St

Date June 23, 1908.

Place of Burial Holy Redeemer Cem

Date June 24" 1908

Undertaker Grundell Kirkpel & Son

Address 330 S. Bond St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

C13159

Ward 15 C13159 Registered No. B 134

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 Cumberland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence V. Deimler Deimler

{Residence, if in Baltimore, Give Street and Number.} 702 Cumberland ~~St~~

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: Oct. 28th 1886

AGE: 21 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas. McKintosh

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Tennant

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary McKintosh

(Address) 702 Cumberland

Filed 6/24 1908 BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Extraction from tubal Pregnancy.

(Post mortem, Dr. Kirk)

(DURATION) 1 DAYS

Con'ributory (Primary.) Extra uterine Pregnancy (DURATION) DAYs

(Signed) Adam Baldwin M.D.

Address 700 Eutaw av. (Comm.)

Date June 23rd 1908

Place of Burial New Cathedral Cem.

Date June 25 1908

Undertaker Josiah Selby

Address 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C13160 Registered No. B C13160

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 21 West 27th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Regina Rogers

{Residence, if in Baltimore, Give Street and Number.} 21 W 27th St. (Rogers)

Duration of Residence in Baltimore. 32 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 2 1858

AGE 49 years, 9 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Frederick City, Md.

FULL NAME OF FATHER John Frederick Zellers

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dora Dreyer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Albert Rogers

(Address) 21 W 27

Filed 6/24 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23, 1908

I HEREBY CERTIFY, That I attended deceased from May 17 1908 to June 23 1908 that I last saw her alive on June 23 1908, and that death occurred, on the date stated above, at 2.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 3 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) Nathan Winslow M.D.

Address 3112 W North Ave

Date 6/23/08 1908

Place of Burial Loudon Park

Date June 25 1908

Undertaker J. B. Cook

Address 1003 E Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C C13161
164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1427 McElderry St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Bouchet

Residence, Give Street and Number, 1429 McElderry St (Bouchet)

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1838

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or county): "

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hausman

(Address) 1427 McElderry St

Filed 6/24 1908

HARRY O. ANDREWS
PERMIT CLERK.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 22d 1908

I HEREBY CERTIFY, That I attended deceased from May 31st 1908 to June 22 1908

that I last saw her alive on June 21 1908

and that death occurred, on the date stated above, at 4:30 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Arterio Sclerosis
Intracapsular Fracture
of Neck of Femur

(DURATION) 23 DAYS

Contributory (Primary) Gangrene

(DURATION) 14 DAYS

(Signed) Edward Stubbs M. D.

Address 258 Eutaw St

Date June 23rd 1908

Place of Burial Loudon Park

Date June 25th 1908

Undertaker Chas. F. Evans

Address 118-120 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C13162 — Registered No. B C13162

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 327 Pearl street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Giuseppe Cumminello

{Residence, if in Baltimore, Give Street and Number.} Baltimore (Cumminello) 327 Pearl st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Vincenzo Cumminello

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Maria Cascio

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Cummello

(Address) 827 Pearl st

Filed 6/24 1908 BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23 June 1908

I HEREBY CERTIFY, That I attended deceased from 20 June 1908 to 23 June 1908 that I last saw h[illegible] alive on 23 June 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Barron M.D.

Address 204 N. Freem[illegible]

Date 23 June 1908

Place of Burial New Cathedral Cemetery

Date June 24 1908

Undertaker Robert E. Fuller

Address 221 N Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — C13163 Registered No. B C13163.

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 336 Elm Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary R Swartzer

{Residence, if in Baltimore, Give Street and Number.} 336 Elm Ave

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 17 1827

AGE: 80 years, 11 months, 4 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Chester Co Pa

FULL NAME OF FATHER: Conpers

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Cooper

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Shank

(Address) 336 Elm Ave

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1907 to June 22 1908

that I last saw her alive on June 22 1908,

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation

Heart failure

6d (DURATION) DAYS

Contributory (Primary) Nephritis

Valvular disease of Heart (DURATION) 21 mos DAYS

(Signed) W. H. H. Newman M.D.

Address 801 12th Ave

Date June 24th 1908

Place of Burial St Mary's

Date June 24 1908

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate in which can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the cause of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

Registered No. B C13164

C13161

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 2136 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Baker.

{ Residence, if in Baltimore, Give Street and Number. } 2136 S Charles St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 21 1908

AGE ____ years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John R. Baker.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Sarah R. Parker

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah R. Parker (mother)

(Address) 1831 Orleans St

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908.

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h____ alive on ____ 190

and that death occurred, on the date stated above, at 6.

M. CAUSE OF DEATH (Secondary or Immediate.)

Invantion.

(DURATION) ____ DAYS

Contributory (Primary.)

(DURATION) ____ DAYS

(Signed) Chas W Reinhardt M.D.

Coroner

Address

Date June 24 1908

Place of Burial Baltimore

Date June 24 1908

Undertaker H. C. Middleton

Address 914 Greenmount Av

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 C13165 Registered No. B C13165

34

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Insane Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora ~~Adams~~ Adgate Ray

{ Residence, if in Baltimore, Give Street and Number. } Baltimore 713 Vine St

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ...1...

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Benjamin Adams

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Gracey Green

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...Supt.

(Address) BAY VIEW ASYLUM.

JUN 24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June-15 1908 to June 21 1908 that I last saw her alive on June 20 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 14 DAYS

Contributory (Primary.) Tuberculosis

(General) (DURATION) 7 mos. DAYS

(Signed) William F. Schwartz M.D.

Address Bay-View Asylum

Date June - 21 1908

Place of Burial Mt Auburn

Date June 23 1908

Undertaker R A Gillett

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13166 Registered No. B C13166

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 872 McKim St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas E. Hoon

{Residence, if in Baltimore, Give Street and Number.} 878 McKim St

Duration of Residence in Baltimore. yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Scott

(Address) 735 Sterling St

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to June 23 1908 that I last saw h.. alive on June 22 1908, and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis acute (interstitial

(DURATION) 10 DAYS

Contributory (Primary)

asthenia (DURATION) 1 DAYS

(Signed) Arthur L. Kettelkamp M.D.

Address 827 Aisquith St

Date June 24 1908

Place of Burial National Cemetery

Date June 24 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C13167 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C13167

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 912 N. Howard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Owens.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 15 (Day) 1864 (Year)

AGE: 52 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Daniel Owens.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Ann Grahm.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Saloon Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rebecca Owens

(Address) 912 N. Howard St

Filed 6/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June. (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1907 to June 23 1908 that I last saw him alive on June 23 1908, and that death occurred, on the date stated above, at 1230 A. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 6 DAYS

Contributory Pulmonary Tuberculosis

(DURATION) ..... DAYS

(Signed) H. Holt Keech. M. D.

June. 23 1908 (Address) 832 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Baltimore Penn | DATE OF BURIAL: 6-25- 1908

UNDERTAKER: Wm. M. Gawthrop | ADDRESS: 904 W. Mulberry St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C13168 Registered No. B C13168

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 354. Third. Ave. Hampden St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Richard Ricketts

{Residence, if in Baltimore, Give Street and Number.} 354 Third Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 4, 1907

AGE ..... years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Murrin M Ricketts

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Nellie B McKenna

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Murrin M Ricketts

(Address) 354. Third Ave

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to June 23 1908 that I last saw him alive on June 23 1908 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Convulsions (DURATION) 6 hours DAYS

Contributory (Primary) Cholera Infantum (DURATION) 2 DAYS

(Signed) S Rewaldt M.D.

Address 765 3rd ave

Date June 23 1908

Place of Burial Mt Mayo (Hampden)

Date June. 24 1908

Undertaker Wm Court

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C13169 Registered No. B C13169

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 554 W. Conway. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edith F. Scherger.

{Residence, if in Baltimore, Give Street and Number.} 554 W. Conway St.

Duration of Residence in Baltimore. One Month.

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal COLOR White

DATE OF BIRTH March - April - 23 1908

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Annapolis Md

FULL NAME OF FATHER John Scherger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Maggie Jacobs

BIRTHPLACE OF MOTHER (State or country) Annapolis Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Scherger

(Address) 554 W Conway St

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23, 1908

I HEREBY CERTIFY, That I attended deceased from June 21, 1908 to June 23, 1908 that I last saw h er alive on June 22, 1908 and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.) Entero-Colitis.

(DURATION) 7 DAYS

Con ributory (Primary.) Bad feeding.

(DURATION) Life Dur.

(Signed) Albert J. Chambers. M.D.

Address 614 S. Paca St

Date June 24, 1908

Place of Burial Annapolis Md

Date June - 25 1908

Undertaker Jno J Perkins & Son

Address Camden & Poca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13170 Registered No. B C13170

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1120 Brighton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella Williams

{ Residence, if in Baltimore, Give Street and Number. } 1120 Brighton St.,

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Susie Williams

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Williams

(Address) 1120 Brighton

Filed 6/24 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to June 20 1908 that I last saw h alive on June 20 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6 mos. or 1 year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. A. Walters M.D.

Address 1711 Madison ave

Date June 24 1908

Place of Burial Cathedral Cemetery

Date June 24 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

C13171

Registered No. B C13171

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 33 E. York St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Catarina Bianca.

{Residence, if in Baltimore, Give Street and Number.} 33 E. York St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Nov 25 1907

AGE ..... years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Bianca.

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER Josephine Bianca

BIRTHPLACE OF MOTHER (State or country) Italy.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bianca

(Address) 33 E York St.

Filed 6/24 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6-24- 1908

I HEREBY CERTIFY, That I attended deceased from 6-22 1908 to 6-23 1908 that I last saw h[er] alive on 6-23 1908 and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

(DURATION) 1 DAYS

Contributory (Primary) Gastro intestinal infection (DURATION) 2 DAYS

(Signed) S. Demarco M.D.

Address 1604 Linden Ave

Date 6-24- 1908

Place of Burial St Vincents Cem.

Date June. 24. 1908

Undertaker M. Day CC & Son.

Address 17. E. Lee. St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C13172 Registered No. B C13172

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 East 22d. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August C. Gehrmann

{ Residence, if in Baltimore, Give Street and Number. } 425 East 22d. Street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 1 1860

AGE: 47 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Charles Gehrmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Marie Schaffer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Fusselbaugh

(Address) 423 East 22d. Street

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from June — 1908 to June 22 1908 that I last saw h— alive on June 21 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

one year (probable) (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dan'l Street M.D.

Address 712 Park Ave

Date June 23 1908

Place of Burial Baltimore Cemetery

Date June 24 1908

Undertaker Henry W Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C13173

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C13173

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1112 Leadenhall St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Thomas Forster

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb (Month) 16 (Day) 1908 (Year)

AGE: ..... years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Forster

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret Sanders

BIRTHPLACE OF MOTHER (State or country): Baltimore County

OCCUPATION OF DECEASED: ×

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mrs. Margaret Forster

(Address) 1112 Leadenhall St.

Filed 6/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 23rd (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 20th 1908 to June 23rd 1908 that I last saw him alive on June 22nd 1908, and that death occurred, on the date stated above, at 2.55 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 5 DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) H. Harrick M. D.

June 23rd 1908 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	June 24th 1908
UNDERTAKER	**ADDRESS**
W. and M. E. Flynn	42 E. West St

WM. J. C. DULANY CO., BALTIMORE

Ward 7B. C13174 Registered No. B C13174

CERTIFICATE OF DEATH.

29

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Wohlhenrich

{Residence, if in Baltimore, Give Street and Number.} 809 Mangold St.

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 24 1889

AGE 19 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo. Bruckey

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER May E. Mommy dec

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Wohlenrich

(Address) 829 Mangold St

Filed 6/24 190 8 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 14 1908 to June 24 1908 that I last saw her alive on June 24 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic interstitial nephritis

about 2 weeks

(DURATION) DAYS

Contributory (Primary.) Tubercular Peritonitis. 2 or 3 weeks (DURATION) DAYS

(Signed) R. B. Wagner M.D.

Address 845 S. Paca st

Date June 24th 1908

Place of Burial Loudon Park Cemetery

Date June 27 1908

Undertaker Jno. F. Tickner & Sons

Address Carrollton & Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

C13175 Registered No. B C13175

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 Plymouth Ave West Woodbury St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur P. Harvey

{Residence, if in Baltimore, Give Street and Number.} 15 Plymouth Ave.

Duration of Residence in Baltimore. One Year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Dec 29 1891

AGE: 16 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Harvey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rose Cougle

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Mill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Harvey

(Address) 15 Plymouth ave

Filed 6/24 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to June 23 1908 that I last saw him alive on June 22 1908, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis from Acute Pulmonary & Pintoneal Tuberculosis

(DURATION) 3 weeks DAYS

Con'ributory (Primary.) General Tuberculosis

(DURATION) 3 months DAYS

(Signed) H Healy M.D.

Address 346 Roland Ave

Date June 24 1908

Place of Burial St Marys Hampden

Date June 25 1908

Undertaker Wm E Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C13176 Registered No. B 42

CERTIFICATE OF DEATH.

(Place of Death.) No. 2026 Light St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Sarah E Rhodes

{Residence, if in Baltimore, Give Street and Number.} 2026 Light St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH unknown

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wesley Hamilton

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Rhodes

(Address) 2026 Light St

Filed 6/24 1908 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to June 23 1908 that I last saw h[er] alive on June 22 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Cancer of Uterus (DURATION) 10 mo DAYS

(Signed) R. E. Campbell M.D.

Address 1644 Edmondson Av.

Date June 25 1908

Place of Burial CEDAR HILL.

Date JUN 25 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13177 Registered No. B C13177

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 705 S Rose St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Infant Wm H Agnes Rowles

{Residence, if in Baltimore, Give Street and Number.} 705 S Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 19 1908

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm H. Rowles

BIRTHPLACE OF FATHER (State or country): Annearundle Co.

MAIDEN NAME OF MOTHER: Agnes L. Turnbull

BIRTHPLACE OF MOTHER (State or country): Annearundle Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Rowles (Father)

(Address) 705 S Rose St

Filed 6/24 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 24 1908 that I last saw h alive on June 23 1908, and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility 5 (DURATION) DAYS

Con'ributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) O L Long M.D.

Address 2429 East Ave

Date June 24 1908

Place of Burial Magothy Church Cem Anne Arundel Co Md

Date June 25 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C13178 Registered No. B C13178

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia McCool

{ Residence, if in Baltimore, Give Street and Number. } 222 N. Fremont Ave.

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Maried

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos Healy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Rosana Whalen

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 120 N Lombard

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from Mar. 26 1908 to June 23 1908 that I last saw h alive on June 23 1908, and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation (DURATION) DAYS

Contributory (Primary) Heart failure (DURATION) DAYS

(Signed) Hubert C Blake M.D.

Address 1014 N LaFayette

Date 190

Place of Burial St Peters

Date June 25th 1908

Undertaker John J Fields

Address 120 N. Lombard st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13179 Registered No. B C13179

CERTIFICATE OF DEATH.

(Place of Death.) No. 928 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A. Clarke

{Residence, if in Baltimore, Give Street and Number.} 928 Greenmount Ave

Duration of Residence in Baltimore..... 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 63 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Patrick Clarke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Plunkett

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED School Teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 928 Greenmount Ave

Filed 6/24 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

H. Webner

723 N. Lombard

WM. J. C. DULANY CO. Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23d 1908

I HEREBY CERTIFY, That I attended deceased from June 11th 1908 to June 23d 1908

that I last saw her alive on June 22d 1908,

and that death occurred, on the date stated above, at 2-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bright Disease

About one year

(DURATION) ~ DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) H. Webner M.D.

Address 723 N. Lombard St.

Date June 23d 1908

Place of Burial Cathedral

Date June 25 — 1908

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C13180 C13180 Registered No. B

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1746 Johnson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Lynn

{ Residence, if in Baltimore, Give Street and Number. } 1746 Johnson et

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1907

AGE — years, 5 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Nathan Lynn

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Lynn

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lynn

(Address) 1746 Johnson St

Filed 6/24 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 19 1908 that I last saw her alive on June 18 1908, and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enter-colitis

(DURATION) 6 DAYS

Contributory (Primary) Cardiac failure

(DURATION) 1 DAYS

(Signed) E. D. Ellis M.D.

Address 1st Lighter

Date July 24 1908

Place of Burial Cathedral Cemetery

Date June 22 1908

Undertaker J. J. Foley & Son

Address 1132 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th

C13181 Registered No. B C13181

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 E. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Rubins.

{Residence, if in Baltimore, Give Street and Number.} 224 E. Fremont St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 14th 1908

AGE ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER John Rubins

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ann Treen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rubins

(Address) 224 E Fremont St

Filed 6/24 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23, 1908

I HEREBY CERTIFY, That I attended deceased from June 23, 1908 to June 23, 1908 that I last saw h alive on June 23, 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis.

(DURATION) 2 DAYS

Contributory (Primary.) Bad feeding (DURATION) Life

(Signed) Albert J. Chambers, M.D.

Address 614 S. Paca St.

Date June 24. 1908

Place of Burial New Cathedral Cem

Date June 25th 1908

Undertaker Geo Lewin Lecht & Son

Address 647 W. Pratt St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13182 Registered No. B C13182

CERTIFICATE OF DEATH. 1st

(Place of Death.) No. 574 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Goodman

{ Residence, if in Baltimore, Give Street and Number. } 574 Baker St

Duration of Residence in Baltimore 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Unknown 1

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James McCullough

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Goodman

(Address) 574 Baker St

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from Feby 1 1908 to June 23 1908 that I last saw h alive on 12 23 1908, and that death occurred, on the date stated above, at 4:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease & Dropsy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. A. Mehring M.D.

Address 1303 W. North ave

Date Balto June 24 1908

Place of Burial New Cathedral

Date June 26th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13183 Registered No. B C13183

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 538 Brunt Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Eagan

{ Residence, if in Baltimore, Give Street and Number. } 538 Brunt Court

Duration of Residence in Baltimore. 3 Mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 29th 1

AGE — years, — months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Eagan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Mary

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Camas Eagan

(Address) 538 Brunt Court

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23, 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to June 20 1908 that I last saw h-er alive on June 18 1908, and that death occurred, on the date stated above, at 6.20 a.m. CAUSE OF DEATH (Secondary or Immediate) Exhaustion

(DURATION) One DAYS

Contributory (Primary.) Marasmus

(DURATION) 2 DAYS

(Signed) Maurice F. Shamer M.D.

Address 1213 N. Gilmor St.

Date June 23, 1908

Place of Burial New Cathedral

Date June 24th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 C13184 Registered No. B C13184

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. and Lying-in St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.) 1907

Full Name Mary Catherine Mc Nicholas

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address)

Filed 6/24 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 21 1907

that I last saw her alive on June 21 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.B. Finlen M.D.

Address 9 E. Biddle St.

Date June 22nd 1907

Place of Burial New Cathedral

Date June 24 1907

Undertaker Martin Fahey 2nd Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13185 Registered No. B C13185

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asy. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Genevieve Dawes

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Vincents Inf Asy

(Address)

Filed 6/24/08 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 21 1908

that I last saw her alive on June 21 1908

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Fisher M.D.

Address 9 E. Biddle St.

Date June 22 1908

Place of Burial Mt Cathedral

Date June 24 1908

Undertaker Martin Mahoney Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13186 Registered No. B C13186

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bernheimer -

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1904

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infy Asy.

(Address)

Filed 6/24/ 1905 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22nd 1905

I HEREBY CERTIFY, That I attended deceased from June 16th 1905 to June 22nd 1905 that I last saw h[illegible] alive on " 1905 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

congenital Debility

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.B. Fowler M.D.

Address 9. E. Biddle St.

Date June 22nd 1905

Place of Burial New Cathedral

Date June 24 1905

Undertaker Martin Fahey Son

Address 1611 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13187 Registered No. B C13187

CERTIFICATE OF DEATH. 179

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Loretta Finnerty

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1908

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 6/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 22 1908

that I last saw her alive on ..... 190....,

and that death occurred, on the date stated above, at 12 noon.

11. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J.S. Finlay M.D.

Address 9. E. Biddle St.

Date June 22 1908

Place of Burial Sacred Cathedral

Date June 24 1908

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C13188

Registered No. B C13188

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 813 S. Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Muszynowski

{ Residence, if in Baltimore, Give Street and Number. } 813 S. Ann.

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Paul Muszynowski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Muszynowski

(Address) 813 S. Ann St

Filed 6/24 1908

HARRY C. ANDRESS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to June 23 1908 that I last saw him alive on June 20 1908, and that death occurred, on the date stated above, at 11.5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) DAYS

Contributory (Primary.) Carcinoma Stomach

Tony Knowledge (DURATION) 3 1/2 DAYS

(Signed) C. N. Athey M.D.

Address 3200 Hudson

Date June 23rd 1908

Place of Burial St Stanislaus

Date Friday June 26" 1908

Undertaker M. J. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C13189

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. BC13189

City of Baltimore, (No. 1006 W Franklin St.; 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Sophia Gundersdorff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 30 1823 (Month) (Day) (Year)

AGE: 84 years, 11 months, 23 days

~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ludwig Kohlsted

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gundersdorff

(Address) 1006 Franklin St

Filed 6/24 190 8

HARRY C. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: JUN 23 1908 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from for [illegible] 2 yrs 190 to June 23/08 190

that I last saw her alive on June 23, 1908,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Old age Chronic heart

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. F. Hill M. D.

June 24 190 8 (Address) 1041 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: June 25 1908

UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C13190 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1325 Wirt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie White

{Residence, if in Baltimore, Give Street and Number.} 1325 Wirt St

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 1st 1907

AGE: 1 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas White

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Violet Hagerman

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Violet White

(Address) 1325 N. Wirt st

Filed 6/24 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to June 24 1908

that I last saw h er alive on June 24 1908,

and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS.

Contributory (Primary.) Cholera Infantum (DURATION) 2 DAYS

(Signed) J H Robinson M.D.

Address 726 E Preston St

Date June 24 1908

Place of Burial Loudon Park

Date June 25 1908

Undertaker Henry Lutz

Address 1007 N Bond st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C13191 C13191 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1147 Riviedy Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. McNamee

{ Residence, if in Baltimore, Give Street and Number. } 1147 Riviedy Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 2. 1906

AGE 1 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER George McNamee

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Annie Teghe

BIRTHPLACE OF MOTHER (State or country) Balto, City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo McNamee Father

(Address)

Filed 6/24 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 24 1908 that I last saw h alive on June 23 1908, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enter-colitis

(DURATION) 7 DAYS

Con ributory (Primary) Cardiac failure

(DURATION) 1 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light st

Date June 24 1908

Place of Burial Cathedral Cemetery

Date June 26 1908

Undertaker L. & M. G. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C13192 Registered No. B

CERTIFICATE OF DEATH. 43

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Thorpey Shaffery

{ Residence, if in Baltimore, Give Street and Number. } Preston & Valley Pls

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	44 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Keenan

(Address) 105 N Light St.

Filed 6/24 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from June 9 1908 to June 23 1908

that I last saw her alive on June 23 1908,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Breast. (DURATION) DAYS

(Signed) Wm J Schmitz M.D.

Address City Hosp.

Date June 23 1908.

Place of Burial St. Patricks Cemetery

Date June 25 1908

Undertaker D. & M. H. Flynn

Address 428 West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13193 Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 Hare St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Michael Dogas (Daur)

{Residence, if in Baltimore, Give Street and Number.} 1219 Hare st.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH ..... 1 .....

AGE ..... 64 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ M.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Dogas

(Address) 1219 Hare st

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1908

I HEREBY CERTIFY, That I attended deceased from May 8th 1908 to June 23 1908 that I last saw him alive on June 20th 1908, and that death occurred, on the date stated above, at 5-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

..... (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma Stomach (DURATION) ..... DAYS

(Signed) C. V. Kelley M.D.

Address 3200 Hudson st

Date June 24th 1908

Place of Burial Holy Rosary Cem'y

Date June 25th 1908

Undertaker Trudell Lippel & Son

Address 330 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C13194 Registered No. B C13194

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1627 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Wagner

{ Residence, if in Baltimore, Give Street and Number. } 1627 Patapsco St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 16 1907

AGE ... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Wagner

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ada M Coffroy

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ebaba M Coffroy

(Address) 1627 Patapsco

Filed 6/25 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to Jun 23 1908

that I last saw her alive on Jun 23 1908,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 2 DAYS

Contributory (Primary) Whooping Cough (DURATION) 7 Weeks

(Signed) R.E.R. Campbell M.D.

Address 1644 Hanover

Date June 24 1908

Place of Burial Leader Hill

Date June 26 1908

Undertaker John F Evans & Son

Address 1428 E Charles St

WM. C. DULANY CO., ENGRAVERS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C13195 Registered No. B [illegible]

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 547 East Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Voigt

{Residence, if in Baltimore, Give Street and Number.} 761 West Cross Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: June 22 1872

AGE: 36 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Adam Braun

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rose

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Braun

(Address) 547 East Fort Ave.

Filed 6/25 1908 [illegible] C. ANDREW Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from August, 1907 to June 23 1908

that I last saw her alive on June 23 1908, 1.35

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

Pulmonary Tb

(DURATION) 90 DAYS

Contributory (Primary.) Hydatid Disease

1 (DURATION) — DAYS

(Signed) Joseph Mayer M.D.

Address 1618 Madison Ave

Date Baltimore June 25 1908

Place of Burial Loudon Park Cemetery

Date June 25th 1908

Undertaker Jos & Jos John H. Furtek

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13196 Registered No. B C13196

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 310 W Camden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Minnie Vieneck

{Residence, if in Baltimore, Give Street and Number.} 310 W. Camden

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 8th 1908

AGE ____ years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~—~~

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Edward Charles Vieneck

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Katie Frecker

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED ~~—~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Vieneck

(Address) 310 W. Camden

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25- 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 25- 1908

that I last saw h alive on June 24 1908

and that death occurred, on the date stated above, at 8:00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Intestinal Toxemia

(DURATION) 24 Hrs

Con'ributory (Primary.) Acute Toxemia

(DURATION) 24 DAYS

(Signed) Abram B. Lennan M.D.

Address 742 N. Patterson Park Ave

Date June 25- 1908

Place of Burial Baltimore Cemetery

Date June 26th 1908

Undertaker Mrs Mrs John W. Leupold

Address 801-803 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13197 Registered No. B C13197

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 626 Smith St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hiram Watts

{Residence, if in Baltimore, Give Street and Number.} 626 Smith St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: about one year ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sngl

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Richard Watts

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Watts

(Address) 1103 Harlem ave.

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

from 5th th (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Oscar Benedum M.D.

Address Two Log. av. (Govans)

Date June 24th 1908

Place of Burial Woodlawn Cemetery

Date JUN 25 1908 190

Undertaker S. M. Starr

Address 123 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13198 Registered No. B C13198

CERTIFICATE OF DEATH. 92

(Place of Death.) No. 602 McElderry Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Rogers

{Residence, if in Baltimore, Give Street and Number.} 602 McElderry Ct

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Walter Rogers

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Florance Johns

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florance Rogers

(Address) 602 McElderry Ct

Filed 6/25/ 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23 - 6 - 1908

I HEREBY CERTIFY, That I attended deceased from 21 - 6 - 1908 to 23 - 6 - 1908 that I last saw h-r alive on 23 - 6 - 1908, and that death occurred, on the date stated above, at 5-30 p. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

Several hours (DURATION) DAYS

Contributory (Primary.) Bronchopneumonia Several (DURATION) DAYS.

(Signed) E. W. Boyle M.D.

Address 1508 E. Madison St.

Date 24 - 6 - 1908

Place of Burial Laurel Cemetery

Date 25 June 1908

Undertaker John W Henderson

Address 31 N Caroline St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C13199 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 204 Hare Alley St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Sarah Ann Johnson.

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: William Johnson

BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md.

MAIDEN NAME OF MOTHER: Queen Mack

BIRTHPLACE OF MOTHER (State or country): Baltimore Co. Md.

OCCUPATION OF DECEASED: Waitress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Johnson

(Address) 204 W. Mosher St.

Filed 6/25 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Heart Exhaustion

..... (DURATION) ..... DAYS

(Signed) Charles Lullmann M.D.

Address 1814 E. Chas. St. Corner

Date June 27 1908

Place of Burial Laurel Cemetery

Date June 28th 1908

Undertaker Peter Byrne

Address 1028 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13200 Registered No. B C13200

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1804 Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Eliz. Hurell

{ Residence, if in Baltimore, Give Street and Number. } 1804 Eutaw St

Duration of Residence in Baltimore. 4 yrs —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Afro-Am

DATE OF BIRTH 1853

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph E. Burrell

(Address) 1804 Eutaw St

Filed 6/26 1908 HARRY C. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/23 1908.

I HEREBY CERTIFY, That I attended deceased from 6/1 1908 to 6/23 1908 that I last saw h— alive on 6/23 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

4 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Lee Elson M.D.

Address 922 Madison Ave.

Date 6/23 1908.

Place of Burial Lyon Hill Chapel Woodlawn Co. Md.

Date June 26th 1908

Undertaker Felix B. Pye.

Address 1026 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13201 Registered No. B C13201

CERTIFICATE OF DEATH. 8

(Place of Death.) No. 301 East Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Lauber

{Residence, if in Baltimore, Give Street and Number.} 301 East Hamburg

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Feb 6 1908

AGE ..... years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER William H Lauber

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER May Bowling

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Lauber

(Address) 301 E Hamburg

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24th 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to ..... 190..

that I last saw h er alive on June 24 1908,

and that death occurred, on the date stated above, at 9.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS?

Contributory (Primary.) Pertussis

(DURATION) 14 DAYS?

(Signed) G R Burton M.D.

Address 222 E. Cross St

Date June 24 1908

Place of Burial Cedar Hill

Date June 25 1908

Undertaker E J Franz

Address 1938 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — Registered No. B C13202

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 E. Fort Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Ann Kibby.

{Residence, if in Baltimore, Give Street and Number.} 21 E. Fort Ave.

Duration of Residence in Baltimore. 6 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 6 1883

AGE 25 years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Elkridge Md.

FULL NAME OF FATHER Thomas A. Kibby.

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Elizabeth Ellen Kibby.

BIRTHPLACE OF MOTHER (State or country) Elkridge Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Senetta Kibby

(Address) 21 E Fort Ave

Filed 6/25 1908 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from May 19 1908 to June 23 1908 that I last saw her alive on June 23 1908 and that death occurred, on the date stated above, at 7.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis
Pulmonary Tuberculosis

(DURATION) 2 months

Contributory (Primary) General
arthritis (DURATION) (?) days

(Signed) J. Wesley Cole M.D.

Address 730 N Fulton Ave

Date June 24 1908

Place of Burial Elkridge Md

Date June 26 1908

Undertaker E J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13203 Registered No. B C13203

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1911 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William T. Herbert

{Residence, if in Baltimore, Give Street and Number.} 1911 Gough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 19th 1907

AGE ..... years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER William E. Herbert

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Bertha L. Depro.

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Herbert

(Address) 1911 Gough St.

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 1, 1908 to June 24 1908

that I last saw him alive on June 24 1908;

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

About (DURATION) 20 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 1937 Gough St

Date June 27 1908

Place of Burial Mount Carmel Cemetery

Date June 26th 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C13204 Registered No. B C13204

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 2025 Canton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John A. Crawford

{Residence, if in Baltimore, Give Street and Number.} 2025 Canton Ave.

Duration of Residence in Baltimore. 66 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 5th 1824

AGE: 83 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Alexandria Va.

FULL NAME OF FATHER: Wm. Crawford.

BIRTHPLACE OF FATHER (State or country): U. S. A.

MAIDEN NAME OF MOTHER: Elizabeth Young

BIRTHPLACE OF MOTHER (State or country): U. S. A.

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Crawford

(Address) 2025 Canton Ave.

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1908

I HEREBY CERTIFY, That I attended deceased from May 4th 1908 to June 23rd 1908

that I last saw h[illegible] alive on June 23rd 1908

and that death occurred, on the date stated above, at 6.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion v Cystanosis

(DURATION) DAYS

Contributory (Primary) Chronic Bronchitis

(DURATION) DAYS

Followed by General Anasarca

(Signed) [illegible] M.D.

Address 1937 Aisquith Ave.

Date June 24th 1908

Place of Burial Mt. Christ cemetery

Date June 26th 1908

Undertaker Wm A. Fuller

Address 918 E. Baltimore St.

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C13205 118

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Stoyen Baynham Gray

{ Residence, if in Baltimore, Give Street and Number. } Richmond Va.

Duration of Residence in Baltimore. one day C13205

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH — 1888

AGE 20 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single —

BIRTHPLACE (State or country) Richmond Co Va

FULL NAME OF FATHER Willie B Gray.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Alice A Parsons

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Gray

(Address) 1515 Druid Ave

Filed 6/25 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 a.m. June 25th 1908

I HEREBY CERTIFY, That I attended deceased from 12m June 24th 1908 to 7a.m. June 25th 1908 - that I last saw h— alive on June 25th 1908 and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia —

(DURATION) Few DAYS

Con'tributory (Primary) Acute Gangrenous of Endocardium (DURATION) 6 DAYS

(Signed) William M Thomas M.D.

Address University Hosp —

Date June 25th 1908

Place of Burial Shafer Hill Richmond Va

Date June 25 1908

Undertaker J B Cook

Address 1003 E Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13206 Registered No. B C13206

CERTIFICATE OF DEATH. 154

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Sarah France Hoffman

{ Residence, if in Baltimore, Give Street and Number. } Church Home & Infirmary

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH: 1827

AGE: 81 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kathrin M. Linstie

(Address) Church Home & Infirmary

Filed 6/25 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to June 24 1908 that I last saw her alive on June 24 1908, and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 7 DAYS

Contributory (Primary.) Senile debility

(DURATION) ..... DAYS

(Signed) Charles H. Stubenrauch M.D.

Address Church Home & Infirmary

Date June 24 1908

Place of Burial Greenmount Cem

Date June 26 1908

Undertaker H. W. Jenkins Sons Co

Address 300 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... C13207 Registered No. B .....

CERTIFICATE OF DEATH.

18

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Zaleski (Zaleski)

{ Residence, if in Baltimore, Give Street and Number. } 227 South Ann St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 11 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Adam. Zalewski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Kirsnis

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED School-boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Zalewska

(Address) 227 S. Ann St

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 27 1908 that I last saw him alive on June 27 1908, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. H. Clough M.D.

Address John Hopkins Hospital

Date June 27 1908

Place of Burial Holy Rosary

Date June 25 1908

Undertaker Wm Fiaikowski

Address 427 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13208 Registered No. B C13208

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1103 N Eden St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Imay Russell

{Residence, if in Baltimore, Give Street and Number.} 1103 N Eden St

Duration of Residence in Baltimore. 8 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 13 of Oct 1907

AGE: ..... years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 2724 N Charles

FULL NAME OF FATHER: Harry L Russell

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary Beck

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: ~~Housework~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Beck

(Address) 2208 Jefferson St

Filed 6/25 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to June 24 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Colera Infantum

14 hours (DURATION) ..... DAYS

Contributory (Primary.)

Extream heat (DURATION) 3 DAYS

(Signed) E. G. Peterson M.D.

Address 1103 N Eden St

Date June 24 1908

Place of Burial Mt. Carmel Cem

Date 6/25/08 190...

Undertaker J Herwig & Son

Address 1008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13209 Registered No. B C13209

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 N Eden St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eugene Leonard

{Residence, if in Baltimore, Give Street and Number.} 1103 N Eden St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 6 1908

AGE: ..... years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. B. Peterson

(Address) 1103 N. Eden St

Filed 6/25 1908

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 21 1908 to June 24 1908 that I last saw him alive on 24 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera infantum

(DURATION) 4 DAYS

Contributory (Primary.) Hot Weather

(DURATION) DAYS

(Signed) E. B. Peterson M.D.

Address 1103 N Eden St

Date June 25 1908

Place of Burial Trinity Cem

Date 6/25/08 1908

Undertaker J. Kemp & Son

Address 2008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C13210 Registered No. B C13210

CERTIFICATE OF DEATH. 45

(Place of Death.) No. 807 S. Hare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank W. Durrell

{Residence, if in Baltimore, Give Street and Number.} 807 S. Hare st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 10th 1839

AGE: 69 years, 6 mos months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Duval

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Duval

(Address) 807 S. Hare St

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 23 1908

that I last saw h[illegible] alive on June 22 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Prostatitis (DURATION) unknown DAYS
(Probably Malignant.)

Contributory (Primary.)

Asthenia (DURATION) DAYS

(Signed) M. F. McAvoy M.D.

Address 859 S. Canton Av.

Date June 24 1908

Place of Burial Loudon Park

Date 6/26/08 190

Undertaker Herwig & Son

Address 1008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13211 Registered No. B C13211

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 730 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Banasiak

{Residence, if in Baltimore, Give Street and Number.} 730 S. Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Michael Banasiak.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Anastazija Chchocss.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Banasiak

(Address) 730 S. Bond St.

Filed 6/25 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 24 1908 that I last saw h alive on June 24 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebritis

(DURATION) 6 hrs

Contributory (Primary.) accidental injuries

(DURATION) 6 hrs

(Signed) J. J. Valentine M.D.

Address 16 E Baltimore

Date June 24 1908

Place of Burial Holy Rosary.

Date Thursday June 25. 1908

Undertaker M. F. Dadowski.

Address 703 S. Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C13212 — Registered No. B C13212

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 913 Trinity St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosario Cavallaro

{Residence, if in Baltimore, Give Street and Number.} 713 Trinity (Rosario Cavallaro)

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 11th 1907

AGE ..... years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Rosario Cavallaro

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Angela Aliva

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosario Cavallaro

(Address)

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to June 24 1908 that I last saw h[illegible] alive on June 24 1908 and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 7 DAYS

Contributory (Primary.)

Convulsions (DURATION) 24 hrs

(Signed) P. Mattaleala M.D.

Address 827 Aisquith St

Date June 25 08 1908

Place of Burial St. Vincent

Date June 25th 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 C13213 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 311 S Chester St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary E. Thurlow

{Residence, if in Baltimore, Give Street and Number.} 311 S. Chester St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 12th 1908

AGE ..... years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jesse A. Thurlow

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Florence V. Gross

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse A. Thurlow

(Address) 311 S. Chester St.

Filed 6/25 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1908

I HEREBY CERTIFY, That I attended deceased from June 24th 1908 to June 24th 1908

that I last saw her alive on June 24 1908

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate

Convulsions

(DURATION) 1 DAY

Contributory (Primary.) Myocarditis

(DURATION) 60 DAYS

(Signed) C P Simpson M.D.

Address 2 S Paterson Pk

Date June 25th 1908

Place of Burial Baltimore Cem.

Date June 25th 1908

Undertaker Lilly Mc Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13214 Registered No. B C13214

81

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Kromadnik

{Residence, if in Baltimore, Give Street and Number.} 1637 Abbott st

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Frank Kromadnik

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Goufal

(Address) 1700 Lanvale

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 24 1908

that I last saw him alive on June 24 1908,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral arterial sclerosis

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Frank J. Kirby M.D.

Address W. Fayette

Date June 24 1908

Place of Burial Holy Redeemer

Date June 27 1908

Undertaker Frank Grach and Son

Address 1904 Gorsuch Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C13215 Registered No. B

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 N. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Addie Rogers

{ Residence, if in Baltimore, Give Street and Number. } 205 N. Biddle St

Duration of Residence in Baltimore. 9 years C13215

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Nat. Rogers

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Susan Bailey

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Rogers

(Address) 1212 Biddle St

Filed 6/25 1908 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25, 1908

I HEREBY CERTIFY, That I attended deceased from June 18, 1908 to June 18, 1908

that I last saw her alive on June 18 1908, and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (DURATION) 4 months

Contributory (Primary) Above cause was sufficient to stand as both primary & secondary (DURATION) DAYS

(Signed) Theo. Magruder M.D.

Address 922 Madison Ave

Date June 23 1908

Place of Burial Loudon Park Cem

Date June 26th 1908

Undertaker Sam'l H. Charetson

Address 1400 Mosher

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C13216 Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 E. Church St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patience Parker

{ Residence, if in Baltimore, Give Street and Number. } 26 E. Church St.

Duration of Residence in Baltimore. Life

C 13216

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Col

DATE OF BIRTH: 1862

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER: --

BIRTHPLACE OF MOTHER (State or country): -

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Morton Chase

(Address) 1400 Mosher

Filed 6/25 1908

HENRY G. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 23 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to June 23 1908

that I last saw her alive on June 22 1908,

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

... (DURATION) ... Days

Contributory (Primary.) Cancer

... (DURATION) ... Days

(Signed) W. D. Smith M.D.

Address 928 Hanover St.

Date June 24 1908.

Place of Burial Laurel Cem

Date June 26th 1908

Undertaker Sam'l W. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C13217 Registered No. B

CERTIFICATE OF DEATH. 78

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta S. Will

{ Residence, if in Baltimore, Give Street and Number. } 147 Windermere Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: April 1 = 1865

AGE: 43 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James E. Waller

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Annie Aylor

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Allen S. Will

(Address) 147 Windermere ave

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24, 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 24 1908 that I last saw her alive on June 24 1908, and that death occurred, on the date stated above, at 5:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heat stroke

(DURATION) 2 DAYS

Contributory (Primary.) Chronic endocarditis (DURATION) DAYS

(Signed) Eugene Wroth, Jr. M.D.

Address Union Prot. Inf.

Date June 24, 1908

Place of Burial Loudon Park

Date June 26 1908

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1217 W. Lafayette ave C13218 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A. Hutchens

{Residence, if in Baltimore, Give Street and Number.} 1217 W. Lafayette ave.

Duration of Residence in Baltimore. Practically all her life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W.

DATE OF BIRTH: Sept 16- 1822

AGE: 85 years, 7 months, 8 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: This information unknown by relatives.

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Hutchens

(Address) 1217 W. Lafayette ave

Filed 6/25- 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 15- 1908 to June 24 1908

that I last saw her alive on June 24 1908,

and that death occurred, on the date stated above, at 6.10 P.M.

CAUSE OF DEATH (Secondary or Immediate)

General exhaustion
Old age. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Olivia Murray M.D.

Address 1221 W. Lafayette ave

Date June 24 1908

Place of Burial London Park

Date June 26 1908

Undertaker E.M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C13219 Registered No. B C13219

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 324 N Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred C. Pueyner

{Residence, if in Baltimore, Give Street and Number.} 324 N. Gilmore

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mulatto

DATE OF BIRTH ..... 1 .....

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Pueyner

(Address) 500 Eutaw St

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 24 1908 that I last saw him alive on June 24 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 1 DAYS

Con'tributory (Primary.) Gastralgia

(DURATION) 3 DAYS

(Signed) M. Andrews M.D.

Address 742 W Fayette St

Date June 25 1908

Place of Burial Loudon Park (Cremated)

Date June 26 1908

Undertaker Hart & Goodheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13220 Registered No. B C13220

CERTIFICATE OF DEATH. 14

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Coling

{Residence, if in Baltimore, Give Street and Number.} 121 Cheney Str Syracuse N. Y.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. L. Pettit

(Address) Syracuse N. Y.

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 25 1908 that I last saw him alive on June 25 1908, and that death occurred, on the date stated above, at 3 20 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Brain Tumor (glioma)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harvey Cushing M.D.

Address Johns Hopkins Hospital

Date June 25 1908

Place of Burial Syracuse N. Y.

Date June 25 1908

Undertaker Albert S. Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C13221 Registered No. B C13221

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 221 Jasper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Brown

{ Residence, if in Baltimore, Give Street and Number. } 221 Jasper St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: David Haywood

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Bailey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Brown

(Address) 221 Jasper st

Filed 6/25-8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Wednesday June 24 1908

I HEREBY CERTIFY, That I attended deceased from May 10th 1908 to June 24th 1908

that I last saw h[illegible] alive on June 12 1908,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Gradual (DURATION) DAYS

Contributory (Primary.) Valvular Disease of Heart (DURATION) Abt 3 months DAYS

(Signed) [illegible] M.D.

Address 607 N. Chapel St

Date June 25th 1908

Place of Burial Mt Auburn Cemetery

Date June 26 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C13222

C13222

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 513 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Janie

{ Residence, if in Baltimore, Give Street and Number. } 513 W. Biddle St

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Joseph Gantt

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Mary Kurt

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Janie

(Address) 573 W Biddle

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec 9 1907 to June 23 1908

that I last saw h[illegible] alive on June 23 1908

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion Dropsy

caused by —

6. mo (DURATION) 9 DAYS

Contributory (Primary.) Heart Dis

6 mo (DURATION) 9 DAYS

(Signed) Dr G W Kennard M.D.

Address 708 Ensor St

Date June 23 1908

Place of Burial Governors Run Calvert Co. Md

Date June 26 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13223 Registered No. B C13223

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1302 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mary A Gildenfenny

{Residence, if in Baltimore, Give Street and Number.} 1302 Greenmount ave

Duration of Residence in Baltimore. I think Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 15th 1865

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimd

FULL NAME OF FATHER John Curtis

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thos. F Gildenfenny.

(Address) 1302 Greenmount Av

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1908

I HEREBY CERTIFY, That I attended deceased from 23rd May 1908 to 23rd June 1908 that I last saw her alive on 23rd June 1908 and that death occurred, on the date stated above, at about 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 2 DAYS

Contributory (Primary) Cerebral Hemorrhage

(DURATION) 3 DAYS

(Signed) Geo. E Reynolds M.D.

Address 909 N Charles

Date June 25th 1908

Place of Burial Holy Cross

Date June 26th 1908

Undertaker Edw Wiedefeld Jr

Address 2113 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C13224 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1502 E Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Brown

{Residence, if in Baltimore, Give Street and Number.} 1502 E Hoffman

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Oct 6 1852

AGE 55 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Joe Vena

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Mary Lopez

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos A Brown

(Address) 1502 E Hoffman

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to June 23 1908 that I last saw her alive on June 23 1908, and that death occurred, on the date stated above, at ——— M. CAUSE OF DEATH (Secondary or Immediate)

Arteria Sclerosis

Broncho-Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Arteria Sclerosis

(DURATION) ——— DAYS

(Signed) A M Shadmad M.D.

Address 1540 N Broadway

Date June 23rd 1908

Place of Burial St. Vincents

Date June 26 1908

Undertaker Ralph Young

Address 1XX-N. Gay St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C13225 Registered No. B C13225

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1730 N Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Pitt

{ Residence, if in Baltimore, Give Street and Number. } 1730 N Gay st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR W

DATE OF BIRTH June 7 1832

AGE 75 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thos Pitt

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Elgin Ashmington

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Dunn

(Address) 1304 Gay

Filed 6/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 24 1908 that I last saw h[er] alive on June 24 1908, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) DAYS

Contributory (Primary) Apoplexy (Cerebral)

(DURATION) 24 hrs

(Signed) A Schutz M.D.

Address 1504 N Bond St.

Date June 26 1908

Place of Burial Baltimore Md

Undertaker Robt T Turner

Address 1742 N. Gay.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13226 Registered No. B C13226

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2013 E. Lubard st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Seabrooks (Marie Seabrooks)

{Residence, if in Baltimore, Give Street and Number.} 2013 E Fontard st

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 15 1833

AGE 75 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Beavans

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Permilia Andrews

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Beavans.

(Address) 2013 E. Fontard St.

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 24 1908

that I last saw her alive on June 24 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

old age

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 Bowley

Date June 25 1908

Place of Burial Mt. Olivet Cem.

Date June 25 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Caton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13227 Registered No. B

CERTIFICATE OF DEATH. 77

(Place of Death.) No. 115 S. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Paolan

{ Residence, if in Baltimore, Give Street and Number. } 115 S. Exeter St.

Duration of Residence in Baltimore. Forty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Israel Snyder

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Rosenberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reader L. Paolan

(Address) 115 S. Exeter

Filed 6/25-08 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday June 25th 1908

I HEREBY CERTIFY, That I attended deceased from April 1905 to June 25th 1908

that I last saw h alive on June 15th 1908,

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Gradual (DURATION) DAYS

Contributory (Primary) Phthisis Pulmonalis (DURATION) About Two Years DAYS

(Signed) Abrahams M.D.

Address 607 N. Charles St

Date June 25th 1908

Place of Burial Baltimore Boarsdale

Date June 28 1908

Undertaker Max Leizman

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 4 C13228 Registered No. B

CERTIFICATE OF DEATH. 179

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Roper

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Only 3 days in Home.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: Jan. 18, 1908

AGE: ..... years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathan Mildred

(Address) St Elizabeths Home

Filed 6/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25, 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to June 24 1908 that I last saw him alive on June 24 1908, and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 7 DAYS

Contributory (Primary.) Marasmus

(DURATION) 3 mos DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date June 25, 1908

Place of Burial Cathedral Cemetery

Date June 26th 1908

Undertaker Fred. B. Pope

Address 102 E Mulberry st

WM. J. C. DULANY CO. Engravers.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

34

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Thomas Wilson Sanitorium — Registered No. B 43229

City of Baltimore, (No. 417 S. Carolina St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Birut

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	Col.
DATE OF BIRTH	..... (Month) 1 (Day) ..... (Year)
AGE	..... years, 9 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	St. Birut
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	———
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Birut

(Address) 417 S. Carolina St.

Filed 6/26 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 24 (Day) 1905 (Year)

I HEREBY CERTIFY, That I attended deceased from June 9 1905 to June 24 1905 that I last saw h[er] alive on June 24 1905, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

General intoxication

5 mo (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. D. Birut Jr. M. D.

8 W 190 Conkling (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	June 26 1908
UNDERTAKER	ADDRESS
Wm J. Falkenhk	424 S Bond

WM. J. C. DULANY CO., BALTIMORE

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 523 Moore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan Long

{ Residence, if in Baltimore, Give Street and Number. } 523 Moore St

Duration of Residence in Baltimore. Life time C13230

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE ..... 1 years, [redacted] months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Long

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Farrow

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sarah Long

(Address) 523 Moore st

Filed 6/26" 1908 HARRY C. ANDREW, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 24 1908 that I last saw h-r alive on June 24 1908 and that death occurred, on the date stated above, at [redacted]

[redacted] M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

child was brought to Dispensary for 1st visit just a few hours before it died. (DURATION) 3 DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Henry M Bayley M.D.

Address 1126 N. Fourth Ave

Date June 25th 1908

Place of Burial Laurel Cemetery

Date June 26th 1908

Undertaker Geli & Pue

Address 1126 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 43

(Place of Death.) No. 903 W Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary F. Green

{Residence, if in Baltimore, Give Street and Number.} 903 W Madison Ave

Duration of Residence in Baltimore. 25 years C13231

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm. Gross

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary F Gross

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex H Grimley

(Address) 574 W Biddle St

Filed 6/26" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to June 24 1908 that I last saw h[illegible] alive on June 24 1908, and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Left Breast

Blood Poison

(DURATION) 4 mos DAYS

Contributory (Primary) Heart & Heat

4 Months (DURATION) 8 DAYS

(Signed) C. W. Kennard M.D.

Address 708 Ensor St

Date June 25 1908

Place of Burial Mt Zion Cemetery

Date June 26 1908

Undertaker Alex H Grimley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13232 Registered No. B 169

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lloyd ~~Crowner~~ Coroner

{Residence, if in Baltimore, Give Street and Number.} 506 Orchard St.

Duration of Residence in Baltimore. 20 yrs C13232

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Biffin Crowner

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Hannah Parker

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carolin Crowner

(Address) 506 Orchard St

Filed 6/26 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 24 1908 that I last saw him alive on June 24 1908, and that death occurred, ~~on the date stated above~~, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heat Stroke

(DURATION) DAYS

Contributory (Primary.) O.K. Wm. Delany M.D. Coroner 1639 Druid

(DURATION) DAYS

(Signed) Wm. Delany M.D.

Address City Hosp.

Date June 24 1908

Place of Burial Mt. Zion

Date June 24 1908

Undertaker Alex Hinsley

Address 478 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C13233 Registered No. B 144

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 N. Patuxent St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Thomas Brady

{ Residence, if in Baltimore, Give Street and Number. } 19 N. Patuxent St.

Duration of Residence in Baltimore. 4 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Gn. | COLOR: W

DATE OF BIRTH: Aug. 1854

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thos. Brady

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Waste Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Beatrice Blakeney

(Address) 19 N. Patuxent St.

Filed 6/26" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24/ 1908

I HEREBY CERTIFY, That I attended deceased from March 21/ 1908 to June 23/ 1908

that I last saw h[illegible] alive on June 23 1908

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Tellurity of Lower Right Limb
Erysipelas & Lead
Cause of Lead Poisoning

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 729. W. Northgate

Date June 25 1908

Place of Burial Texas, Md. Balto Co.

Date June 26th 1908

Undertaker Jno. A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1511 Eastern ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Goodman

{Residence, if in Baltimore, Give Street and Number.} 1511 Eastern Ave

Duration of Residence in Baltimore. Life

C13234

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 24 1907

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Abraham Goodman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Minnie Morris

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Goldman

(Address) 132 S. Arlington Ave

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 25th 1908

I HEREBY CERTIFY, That I attended deceased from June 22d 1908 to June 24th 1908 that I last saw him alive on June 24 1908, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis Colitis

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion and heat

(DURATION) DAYS

(Signed) Howard C. Silver M.D.

Address Howard C. Silver

Date June 25th 1908

Place of Burial: Hebrew Woodlawn Cemetery

Date June 26, 1908

Undertaker: Max Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C13235 Registered No. B C13235

CERTIFICATE OF DEATH.

165

(Place of Death.) No. 1307 Lemon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bradley Parker

{Residence, if in Baltimore, Give Street and Number.} 1307 Lemon st

Duration of Residence in Baltimore. acted as Coroner

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thos Parker

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Eta Parker

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Single

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Fields

(Address) 1201 W. Lombard

Filed 6/26 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N La Fayette Ave

Date June 24 Coroner 1908

Place of Burial Mt Auburn

Date June 26th 1908

Undertaker John L Fields

Address 1201 W. Lombard St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13236 Registered No. B C13236

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2126 ashland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Oliver

{ Residence, if in Baltimore, Give Street and Number. } 2126 ashland ave

Duration of Residence in Baltimore. 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH March 24, 1837

AGE 71 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Henry Oliver

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Susan Ranson

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Oliver

(Address) 2126 ashland ave

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24, 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Camalier M.D.

Address Coroners Office

Date June 25 08 190

Place of Burial Louden Park

Date June 27 190 8

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C13237

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1528 E Fayett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harvey Williams

{Residence, if in Baltimore, Give Street and Number.} 1528 E Fayett St

Duration of Residence in Baltimore. Life C13237

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE X years, X months, 35 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto, Md

FULL NAME OF FATHER Harvey Williams

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Ridgely

(Address) 1528 E Fayette St

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12 M.

I. CAUSE OF DEATH (Secondary or Immediate)

Cutteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ruth Andrews M.D.

Address Orchard & Eden

Date June 25 1908

Place of Burial Laurel Cemetery

Date June 26. 1908

Undertaker Joseph G. Lodes

Address 1302 Jefferson St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13238 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Ryan

{ Residence, if in Baltimore, Give Street and Number. } — Salvation Army Bldg - 920 Light St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Halleday, Sist.

(Address) BAY VIEW ASYLUM

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from April 9 1908 to June 24 1908 that I last saw h[im] alive on June 24 1908, and that death occurred, on the date stated above, at 9.30 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) DAYS

Contributory (Primary.) Exhaustion.

(DURATION) DAYS

(Signed) W. H. Eglon M.D.

Address Bay View Asylum

Date June 24 1908

Place of Burial Sacred Heart

Date June 26 1908

Undertaker Chas F. Evans

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2805 O-Donnel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Vinn Bridgman

{ Residence, if in Baltimore, Give Street and Number. } 2805 O'donnel St.

Duration of Residence in Baltimore. 16 mos. C 13239

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 3/22 1907

AGE ..... years, 16 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Maryland U.S.

FULL NAME OF FATHER William L. Bridgman

BIRTHPLACE OF FATHER (State or country) Newyork

MAIDEN NAME OF MOTHER Louisa Bowers

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Bridgman

(Address) 2805 O'donnel St

Filed 6/26 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/25 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to ..... 190..... on that I last saw h alive on June 25 1908, and that death occurred, on the date stated above, at 6 a.m.

11. CAUSE OF DEATH (Secondary or Immediate.)

Failure of Heart and Respiration

(DURATION) Few DAYS

Contributory (Primary.) Acute Gastro-enteritis (DURATION) 4 DAYS

(Signed) Les Tarkinsley M.D.

Address 1114 S. Chesapeake St.

Date ..... 190....

Place of Burial Mount Carmel

Date June 26 1908

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C1520 Registered No. B C1520

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1628 Oliver Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Jackson Marshall

{ Residence, if in Baltimore, Give Street and Number. } 1628 Oliver Pl.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH June 3 1908

AGE X years, X months, 21 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Samuel Marshall

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Molly Taylor

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Taylor

(Address) 1628 Oliver Pl

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Sudden

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lydia Carruthers M.D.

Address Corner

Date June 24 08 190

Place of Burial Lodge Pk

Date June 26 190 8

Undertaker Robt J Turner

Address 1X X 24 N. Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 1740. Orleans St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank Taubenheim (Taubenheim)

{ Residence, if in Baltimore, Give Street and Number. } 1740 Orleans st.

Duration of Residence in Baltimore. 26 years C 13242

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1868

AGE: 40 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Taubenheim

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Matilda Stine

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Schaffner

(Address) 1008 Ridgely St

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1908

I HEREBY CERTIFY, That I attended deceased from March 3rd 1908 to June 25th 1908 that I last saw him alive on June 24th 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

1 Months (DURATION) DAYS

Contributory (Primary.) Chronic Cons

(DURATION) 4 DAYS

(Signed) Chas L. Rathbone M.D.

Address 718. N. Paca st.

Date June 26th 1908.

Place of Burial Baltimore Cemetery

Date June 27. 1908

Undertaker Wm J. Schaffner

Address 8. S. Front. St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 5 C13241 Registered No. D [illegible]

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1024 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Goldie Davidoff. (Davidoff)

{Residence, if in Baltimore, Give Street and Number.} 1024 E. Lombard

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 4th 1907

AGE: 1 year, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): 1116 Lombard St Baltimore

FULL NAME OF FATHER: Hyman Davidoff

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ivenowitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank D. Smith

(Address) 1126 Carrollton Ave

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 25 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to 1908

that I last saw her alive on June 24 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Summer Complaint

with a terminal

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Summer Complaint

(DURATION) 5 DAYS

(Signed) Frank D. Smith M.D.

Address 1126 Carrollton Ave

Date June 26 1908

Place of Burial Rosedale Cemetery

Date June 26 - 1908. 1908

Undertaker McGinnis - Carroll

Address 1227 Mulliken St,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13243 Registered No. B

CERTIFICATE OF DEATH. 17V

(Place of Death.) No. Light St draw Bridge ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W. adams.

{ Residence, if in Baltimore, Give Street and Number. } 1733 Light St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't Know

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Theodor M Adams

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary J. Schultz

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pearl Steib (sister)

(Address) 1733 Light St

Filed 6/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1905

I HEREBY CERTIFY, That I attended deceased from ~~1905~~ to ~~1905~~

that I last saw h~~e~~ alive on 1905

and that death occurred, on the date stated above, at 10.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Reinhardt M.D.

Address Coroner

Date June 25 1905

Place of Burial Cedar Hill

Date June 27 1905

Undertaker J. O. Stumbaugh

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 24 C13244 Registered No. B C13244

CERTIFICATE OF DEATH. 176

Place of Death.) No. 1625 Cuba St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Geo W & Mary M Hughes

{ Residence, if in Baltimore, Give Street and Number. } George W Hughes / Mary M Hughes

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 25th 1908

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER George W. Hughes

BIRTHPLACE OF FATHER (State or country) Philadelphia Pa.

MAIDEN NAME OF MOTHER Mary M. Shaeffer

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Hughes.

(Address) 1625 Cuba St

Filed 6/26 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908

I HEREBY CERTIFY, That I attended deceased from 6/25 1908 to 6/25 1908

that I last saw h[illegible] alive on 6/25 1908

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Dyslocia Umbl Cord

Only artificial respiration

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. F. Linthicum M.D.

Address 192 E Fort Ave

Date June 25 1908

Place of Burial Cedar Hill

Date June 26 1908

Undertaker Jos. Stumbaugh

Address 318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C13245 Registered No. B C13245

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 2325 Stockton St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Jas. H. G. Thomas

{ Residence, if in Baltimore, Give Street and Number. } 2325 Stockton st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Williams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Thomas

(Address) 2325 Stockton st

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary.) Acute

~~Con~~ Exhaustion (DURATION) DAYS

(Signed) Wm Bacon M.D.

Address 700 Log. Av. Coroner's

Date June 26th 1908

Place of Burial Mt auburn

Date June 26 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C13246 Registered No. B .....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosie Lowry

{Residence, if in Baltimore, Give Street and Number.} 835 Rutherford Ave

Duration of Residence in Baltimore. —

C13246

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B.

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M—

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hellyday.

(Address) [illegible]

Filed 6/26 1908

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to June 24 1908 that I last saw h alive on June 24 1908, and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W W Eshen M.D.

Address Balto —

Date June 24 1908

Place of Burial Mt Olivet

Date June 27 1908

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C13247

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 1350 Carroll st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Addison.

{Residence, if in Baltimore, Give Street and Number.} 1350 Carroll st.

Duration of Residence in Baltimore. Acted as Coroner.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Virgie addison.

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/26 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) ..... DAYS

Contributory (Primary.) .....

E Thurston (DURATION) ..... DAYS

(Signed) Hurbert C Blake M.D.

Address 1014 N. Le Grayton.

Date June 20 Coroner 1908.

Place of Burial .....

Date JUN 23 1908 190 ...

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., Baltimore.

JOHNS HOPKINS HOSPITAL
FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C13248 OFFICE OF REGISTRAR OF VITAL STATISTICS. C13248

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 40 Mt. Wilson, So Edon St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abraham Kolin (Kolin)

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 25 1908 that I last saw h[im] alive on June 25 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Dyspepsia dementia acute toxic.

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. Whitridge Jr. M. D.

June 26 1908 (Address) Cathedral K

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Rose Hill Cem

DATE OF BURIAL: June 28 1908

UNDERTAKER: McGinnis & Carroll

ADDRESS: 1227 Fulton

WM. J. C. DULANY CO., BALTIMORE

Ward 9 C13249 Registered No. B C13249

113

CERTIFICATE OF DEATH.

(Place of Death.) No. 1227 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Reisinger

{ Residence, if in Baltimore, Give Street and Number. } 1227 E. North Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 12 1850

AGE 57 years, 11 mont's, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Leonard Dietrich

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Fredericka Schneider

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick P. Reisinger

Address 1227 E. North Ave

Filed 6/26 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1908

I HEREBY CERTIFY, That I attended deceased from December 1907 to June 25th 1908

that I last saw h[illegible] alive on June 25th 1908

and that death occurred, on the date stated above, at 7.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Contusion of Common Bile duct and Shock. Exhaustion

(DURATION) 2 DAYS

Con ributory (Primary.) Biliary Calculi

(DURATION) 7 Mos.

(Signed) Albert G. Dingfelder M.D.

Address 1503 E. North Ave.

Date June 25th, 1908

Place of Burial London Park Cemetery

Date June 28/08 1908

Undertaker Christian Miller

Address 2334 Jefferson Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

15

(Place of Death.) No. ____ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Estelle Lowe

{ Residence, if in Baltimore, Give Street and Number. } 234 Thomas Ct (Estelle Lowe)

Duration of Residence in Baltimore. 1 day C13250

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH June 21 1908

AGE ....years, ...months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) ....

(Address) ....

Filed 6/26 1908

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 21 1908 that I last saw h-- alive on June 21 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxiation

(DURATION) 1 DAYS

Contributory (Primary.) Asphyxiation

(DURATION) 1 DAYS

(Signed) Arthur W. Hurley M.D.

Address Lunacrum Hospital

Date June 22 1908

Place of Burial UNIVERSITY OF MARYLA

Date JUN 23 1908 1908

Undertaker Commissioner Health.

Per. Wm. L. WOODALL

Address ....

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

119

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13251

M F Wilson —

City of Baltimore, (No. 2205 Brent Street St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alonia Curry

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

120

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Col. | COLOR Colo

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/26 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 21 (Day) 1905 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15th 1905 to June 21 1905 that I last saw h[illegible] alive on June 21 1905, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Malnutrition.

(DURATION) 30 DAYS

Contributory Marasmus

(DURATION) 10 DAYS

(Signed) J. McLane Jr M. D.

July 23 1905 (Address) 804 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JUN 24 1908 190

UNDERTAKER Commissioner Health, Per. Wm. E. WOODALL

ADDRESS

JOHNS HOPKINS HOSPITAL BURIAL PERMIT FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B 013252

013252

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 502 N Madeira St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizj. Windermuth (Windermuth)

{ Residence, if in Baltimore, Give Street and Number. } 502 N Madeira

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1838

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jno Windermuth

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Household Duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Deisler

(Address) 502 N. Madeira St

Filed 6/26 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 — 1908

I HEREBY CERTIFY, That I attended deceased from Sept — 1907 to June 25 — 1908 that I last saw h.. alive on June 13 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or immediate)

Uremia Nephritis

175 — (DURATION) ..... DAYS

Contributory (Primary.) Coma —

Uremia — (DURATION) ..... DAYS

(Signed) Jno. A. O'Donovan M.D.

Address 125 S Bond

Date June 26 — 1908

Place of Burial Baltimore Cemetery

Date June 28th 1908

Undertaker J. Schuh & Son

Address 502 N. Pattison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C13253 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2200 Cambridge St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Waladia Slebroda

{Residence, if in Baltimore, Give Street and Number.} 2200 Cambridge St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md.

FULL NAME OF FATHER: Peter Slebroda.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Jozefa Blaszak.

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Slebroda.

(Address) 2200 Cambridge St.

Filed 6/26 1908 HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 25 1908 that I last saw her alive on June 24 1908, and that death occurred, on the date stated above, at 12:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John Roth M.D.

Address 907 Eastern Ave

Date June 25 1908

Place of Burial Holy Rosary.

Date Friday June 26 1908

Undertaker M. F. Sieckowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Johnson

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

C 13254

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	1
AGE	40 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Norway
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Lab

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 6/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 — 1908

I HEREBY CERTIFY, That I attended deceased from May 18 1908 to June 26 1908

that I last saw him alive on June 26 1908 8.45

and that death occurred, on the date stated above, at A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) H W Baker M.D.

Address Bay View A.

Date June 26 — 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 26 1908 1908

Undertaker G. L. Hurley

Address 951 N. Monroe St

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

121

Ward 7 — C13255 — Registered No. B C13255

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 St Peter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin Johnson

{ Residence, if in Baltimore, Give Street and Number. } 824 St Peter.

Duration of Residence in Baltimore. acted as Coroner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White.

DATE OF BIRTH: January 8th 1907

AGE: ..... years, 17 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md.

FULL NAME OF FATHER: William Johnson

BIRTHPLACE OF FATHER (State or country): Balt Md.

MAIDEN NAME OF MOTHER: Jennie Smith

BIRTHPLACE OF MOTHER (State or country): Balt Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. W. Johnson

(Address) 824 St Peter St

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or immediate.)

Cholera Infantum

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W La Fayette.

Date June 25. Coroner 1908

Place of Burial Western Cemetery

Date June 26th 1908

Undertaker Geo Leinbach & Son

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C13256

City of Baltimore, (No. 2648, Greenmount ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha A. Allen

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH May 10 1840
(Month) (Day) (Year)

AGE 68 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Crouch -

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lyrie Sanders

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Allen

(Address) 2648 Greenmount Ave

Filed 6/26 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to June 26 1908

that I last saw her alive on June 26 1908,

and that death occurred, on the date stated above, at 2 9 M. The CAUSE OF DEATH was as follows:

Card. Asthenia.

(DURATION) DAYS

Contributory Nephritis & Card. Complication

(DURATION) DAYS

(Signed) H W Gudden M. D.

June 26 1908 (Address) 2651 Greenmount Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	June 29 1908
UNDERTAKER W A J McMechan	ADDRESS Belmont Ave

WM. J. C. DULANY CO., BALTIMORE.

Page 2

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C13256

City of Baltimore, (No. 2648, Greenmount ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha A. Allen

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH May 10 1840
(Month) (Day) (Year)

AGE 68 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Crouch.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lizzie Sanders.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Allen

(Address) 2648 Greenmount Ave

Filed 6/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 13 1907 to June 26 1908 that I last saw her alive on June 26 1908, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Card. asthenia.

(DURATION) DAYS

Contributory Nephritis & Card. Complication

(DURATION) DAYS

(Signed) H. W. Gudden M. D.

June 26 1908 (Address) 2651 Greenmount Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Olivet Cemetery | DATE OF BURIAL June 29 1908

UNDERTAKER W. J. McCluskas | ADDRESS Belmont

WM. J. C. DULANY CO., BALTIMORE.

Page 2

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

Ward ... C13258 Registered No. B ...

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1370 W. North Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Hauner

{Residence, if in Baltimore, Give Street and Number.} 1370 W. North Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: Jan 14 1908

AGE: 5 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Howard L. Hauner

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Florence Be Barry

BIRTHPLACE OF MOTHER (State or country): New York N Y

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard L Hauner

(Address) 1370 W North Ave

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 25 1908 that I last saw h alive on June 25 1908 and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary) Cholera Infantum (DURATION) 2 DAYS

(Signed) Edw C Hull M.D.

Address 647 W Lafayette Ave

Date June 26 1908

Place of Burial New Cathedral

Date June 26 1908

Undertaker E G Weidefeld Jr

Address 2113 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C13259 Registered No. B .....

CERTIFICATE OF DEATH. 91

(Place of Death.) No. 414 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Rohrbeck

{ Residence, if in Baltimore, Give Street and Number. } 414 S. Dallas St

Duration of Residence in Baltimore. Lifetime C13259

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 6th 1846

AGE: 62 years, — months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Ewalt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cath. Kemp

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Graff

(Address) 414 S. Dallas St

Filed 6/26 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24, 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 24 1908 that I last saw h[illegible] alive on June 24, 1908 and that death occurred, on the date stated above, at 4:40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 5 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1111 E. Broadway

Date June 26, 1908.

Place of Burial Mt. Carmel Cem.

Date June 27 1908

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13260 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1036 N Chappel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roy Bantz

{Residence, if in Baltimore, Give Street and Number.} 1036 N Chappel st

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Oct. 22 1903

AGE: ..... years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John T. Bantz

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Stella Weis

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Stella Bantz

(Address) 1036 N. Chapel St

Filed 6/26 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24th 1908

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to June 24th 1908

that I last saw h[illegible] alive on 24th 1908

and that death occurred, on the date stated above, at 8 1/2 M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

Heat Prostration

had been ill 4 days.

Prior to my being called in

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thos J. Simms M.D.

Address 1025 N Wolfe st

Date June 25th 1908

Place of Burial Trinity Cem

Date June 26 1908

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

165

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13261

City of Baltimore, (No. 2403. Foster Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Golbear. Schiller (Golbear Schiller)

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: July (Month) 21 (Day) 1907 (Year)	
AGE: ..... years, 11 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City.
FULL NAME OF FATHER	Einer ~~Golbear~~ Schiller.
BIRTHPLACE OF FATHER (State or country)	Norway
MAIDEN NAME OF MOTHER	Sunda Jensen
BIRTHPLACE OF MOTHER (State or country)	Norway
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sunda Schiller

(Address) 2403 Foster Ave

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to June 25 1908 that I last saw her alive on June 24 1908, and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Acute Diarrhoea

(DURATION) 2 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Frederick. L. Hoover M. D.

June 25 1908 (Address) 112. S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: June 26 1908

UNDERTAKER: Landerson — ADDRESS: 720 Cathedral

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C13262 Registered No. 21

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna C. M. Seeger

Residence, Give Street and Number, 122 N. Durham st.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 21 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ M.

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER Anthony Albricht

BIRTHPLACE OF FATHER (State or county) Baltimore Md.

MAIDEN NAME OF MOTHER Anna Egenhoefer

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Albricht

(Address) 122 N. Durham st.

Filed 6/26 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 25th 1908

I HEREBY CERTIFY, That I attended deceased from June 12 1908 to June 20 1908

that I last saw her alive on June 24 1909

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Florida

(DURATION) 13 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) E. C. Blades M. D.

Address 1436 N Eutaw

Date June 25 1908

Place of Burial Holy Redeemer Cem

Date June 29" 1908

Undertaker Krudell Lippel & Son

Address 330 S. Bond st.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C13263 Registered No. 150 a

CERTIFICATE OF DEATH.

(Place of Death.) No. 2004 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Dietrich

Residence, Give Street and Number, 2004 E. Lombard st

Duration of Residence in Baltimore, Life C13263

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F.

COLOR: W.

DATE OF BIRTH: 1

AGE: years, 6 months, 13 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: John J. Dietrich

BIRTHPLACE OF FATHER (State or county): Baltimore Md.

MAIDEN NAME OF MOTHER: Catharine Zech

BIRTHPLACE OF MOTHER (State or county): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Dietrich

(Address) 2004 E. Lombard st.

Filed 6/26 1908 JAMES O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 25th 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to June 24 1908

that I last saw her alive on June 25 1908

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Hydrocephalus

(DURATION) 15 DAYS

Contributory (Primary) Hydrocephalus

(DURATION) 15 DAYS

(Signed) Pierce S. Dawson, M. D.

Address 121 Jackson Square

Date June 26 1908

Place of Burial Holy Redeemer Cem.

Date June 27" 1908

Undertaker Trudell Lippel & Son

Address 330 S. Bond st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13264 Registered No. B C13264

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Denhoff.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life C13264

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH May 14, 1908

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 6/26/08 190

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 24 1908

that I last saw her alive on 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Finlen M.D.

Address 9.6. Biddle St

Date June 26 1908

Place of Burial New Cathedral

Date June 26 1908

Undertaker Martin Feahey Son

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C13265 OFFICE OF REGISTRAR OF VITAL STATISTICS. 108

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C13265

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 243, N. Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Bradley~~ Cpl. T. Gibbons

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: June 23 (Month) (Day) 1908 (Year)

AGE: 9 years, 0 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John T. Gibbons

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Jennie Scott

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Jacobson

(Address) 217 S. Pac.

Filed 6/26 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 26 (Day) 1905 (Year)

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 26 1908 that I last saw h[illegible] alive on June 26 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Obstruction of Intestines (DURATION) 1 DAYS

Contributory Exhaustion (DURATION) 1 DAYS

(Signed) J. L. Stowper M. D.

June 26 1908 (Address) 2 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ....

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: June 27 1908

UNDERTAKER: Jos. Jacobson

ADDRESS: 217 S. Pac

WM. J. C. DULANY CO., BALTIMORE.

Ward ....

Ca-13266 93

CERTIFICATE OF DEATH.

(Place of Death.) No. John. Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie. O. Conner.

{ Residence, if in Baltimore, Give Street and Number. } 101 IV Wolfe. st. Balto md.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: W.

DATE OF BIRTH: Jan 17 1905

AGE: 3 years, 5 months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Michael F. Oconner

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary A. Kochler

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael F. O. Conner

(Address) 101 N. Wolfe st

Filed 6/26" 190 8 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH admit. June 28 1904

I HEREBY CERTIFY, That I attended deceased from June 25 1904 to June 25 1904 that I last saw her alive on June 25 1904, and that death occurred, on the date stated above, at 6.25 P. M. CAUSE OF DEATH (Secondary or Immediate) Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

(DURATION) ..... DAYS

(Signed) P. S. Edwards M.D.

Address Johns Hopkins Hospital

Date June 26 1904

Place of Burial Holy Cross

Date June 28 1904

Undertaker Jos. J. Kerr

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C13267 Registered No. C13267

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 912 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lyda E. Samsel

Residence, Give Street and Number, 912 E. Eager St.

Duration of Residence in Baltimore, Life C13267

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: George H. Samsel

BIRTHPLACE OF FATHER (State or county): Elkton Md.

MAIDEN NAME OF MOTHER: Elizabeth Riley

BIRTHPLACE OF MOTHER (State or county): Camden N.J.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Riley

(Address) 912 E Eager St.

Filed 6/26 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 24 1908

that I last saw her alive on June 23 1908

and that death occurred, on the date stated above, at 5-9 M.

CAUSE OF DEATH (Secondary or Immediate,)

Bronchopneumia

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) W. H. Spence M. D.

Address 1230 Green St

Date June 24 1908

Place of Burial New Cathedral Cemetery

Date June 27 1908

Undertaker Henry Hardesty

Address 130 E Eager St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1008 E. Eager St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jabez P. Stepburn

{ Residence, if in Baltimore, Give Street and Number. } 1008 E. Eager St

Duration of Residence in Baltimore. Life C13-268

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 25 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Patrick J. Stepburn

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Collart

BIRTHPLACE OF MOTHER (State or country) City.

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Stepburn

(Address) 1008 E Eager St.

Filed 6/26 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 ....., 8.15

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

..... Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Carnell M.D.

Address Coroners Office

Date June 26 1908

Place of Burial St. Peters Cemetery

Date June 27 1908

Undertaker Henry Hoeck Son

Address 130 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13269

City of Baltimore, (No. 1030 W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robt O. Hoofnagle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Octo 18th (Month) (Day) 1848 (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm C. Hoofnagle

BIRTHPLACE OF FATHER (State or country): Washington D. C

MAIDEN NAME OF MOTHER: Elenora Bruce

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Iron molder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Bernice Hoofnagle

(Address) 1030 W Saratoga St

Filed 6/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 18, 1908 to June 24, 1908 that I last saw him alive on June 24 1908, and that death occurred, on the date stated above, at 6.40 A. M. The CAUSE OF DEATH was as follows:

Diffuse Meningo Encephalitis

(DURATION) 25 DAYS

Contributory Atheroma

(DURATION) V Mild

(Signed) F. H. Hammer M. D.

June 25 1908 (Address) 317 McCulloh St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: June 27 1908

UNDERTAKER: Geo. Benz — ADDRESS: 544 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

154

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C13270

Registered No. B.....

City of Baltimore, (No. 925 S. Sharp St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Offley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 66 years, ... months, ... days

~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Height

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margaret Tripper

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Bishop

(Address) 925 S. Sharp St.

Filed ..... 190.....

HARRY O. ANDREWS,
PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to June 24 1908 that I last saw her alive on June 24 1908, and that death occurred, on the date stated above, at 12-35 a.m. The CAUSE OF DEATH was as follows:

Cardiac asthenia and general depression from heat.

about (DURATION) 10 DAYS

Contributory age - debility -

(DURATION) ..... DAYS

(Signed) S A Keene M. D.

June 25 1908 (Address) 522 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 6/27 1908

UNDERTAKER: John H. Toadvine

ADDRESS: 1726 Stiles St

Ward 7 — Registered No. C13271

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 867 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary St. Wheeler

{Residence, if in Baltimore, Give Street and Number.} 867 Stockholm Street.

Duration of Residence in Baltimore. Life

C13271

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Jan. 28 1908

AGE: ..... years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Sherwood Wheeler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Estella Taylor

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Taylor

(Address) 867 Stockholm

Filed 6/26 1908

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 26 1908

that I last saw h[illegible] alive on June 24 1908,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro-Intestinitis

(DURATION) 10 DAYS

Contributory (Primary.) [illegible]

(DURATION) DAYS

(Signed) O. L. Nicholas, M.D.

Address 507 S. Paca St

Date June 26 1908.

Place of Burial Mt. Auburn Cem.

Date June 27 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 302 Forrest St (S.W.) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G. Hauenstein

{Residence, if in Baltimore, Give Street and Number.} 302 Forrest St (S.W.)

Duration of Residence in Baltimore. Life C 13272

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 14th 1900

AGE: 7 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John G. Hauenstein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Tuckerman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John G. Hauenstein

(Address) 302 Forest St =

Filed 6/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 26 1908

that I last saw h[illegible] alive on June 25 1908

and that death occurred, on the date stated above, at 5.40 a.m. CAUSE OF DEATH (Secondary or Immediate)

Scarlet fever

(DURATION) 1 DAYS

Contributory (Primary.) ——

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date June 26 1908

Place of Burial Western Cemetery

Date June 27th 1908

Undertaker F. B. Wippert

Address 1 Frederick Av E Spld

8 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13273 Registered No. 137

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosy Killmyer

{Residence, if in Baltimore, Give Street and Number.} 748 Penna. ave

Duration of Residence in Baltimore. Life yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Harford Co

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fedrick Killmyer

(Address) 748 Penna Ave

Filed 6/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

..... (DURATION) 7 DAYS

Con'ributory (Primary.) Abortion, Gonorrhea

one month (DURATION) DAYS

(Signed) Silas Bond M.D.

Address 700 Log. ave. (Govans)

Date June 26th 1908

Place of Burial Western Cem.

Date June 27 1908

Undertaker Wm J Schilling

Address 9 S Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13274 Registered No. B

CERTIFICATE OF DEATH. 105

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Dunn

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asylum

Duration of Residence in Baltimore.

C 13274

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 1 1907

AGE: ..... years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Martin J Dunn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: B Agnes Gaughan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Inf.

(Address) Division Street

Filed 6/27 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 26th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to June 26th 1908

that I last saw h alive on " 1908

and that death occurred, on the date stated above, at 6

I. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis Liver

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Finlay M.D.

Address 96. Biddle St.

Date June 27 1908

Place of Burial Cathedral Cem

Date June 27 1908

Undertaker Chas R Lauterjung

Address 548 Mosher St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. C 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1294 Riviera Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Lawson Foote (Foote)

Residence, Give Street and Number, 1294 Riviera Ave.

Duration of Residence in Baltimore, 49 years. C13275

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	white

DATE OF BIRTH Aug 1 1831

AGE 73 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Connecticut

FULL NAME OF FATHER Daniel D. Foote

BIRTHPLACE OF FATHER (State or county) Conn.

MAIDEN NAME OF MOTHER Mary Potter

BIRTHPLACE OF MOTHER (State or county) Conn.

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina A. M. Foote

(Address) 1294 Riviera Ave.

Filed 6/27 1908 HARRY O. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 24 1908 that I last saw him alive on June 24 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis

(DURATION) Final coma DAYS

Contributory (Primary) Heart failure

(DURATION) 2 hours DAYS

(Signed) Robt. G. Leboit M. D.

Address 1318 E. Chases St.

Date June 25 1908

Place of Burial CEDAR HILL.

Date JUN 27 1908 ✓ 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C13276

City of Baltimore, (No. 512 N. Chapel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilland Flenner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 3 (Month) 7 (Day) 1908 (Year)

AGE: ..... years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frank Flenner

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Emma Starkloff

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Flenner

(Address) 512 N. Chapel St.

Filed 6/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 6. (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 6. 22. 1908 to 6. 26 1908 that I last saw her alive on 6. 26. 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

(Bottle Fed)

Disorder of Intestines (DURATION) 8 DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) John Ayd M. D.

6. 26 1908 (Address) 1927 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Oak Lawn Cemetary — DATE OF BURIAL: June 28 1908

UNDERTAKER: Christian Miller — ADDRESS: 2334 Jefferson

WM. J. C. DULANY CO., BALTIMORE.

Facts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***nty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. #7. N. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernard G. Covington

{Residence, if in Baltimore, Give Street and Number.} #7. N. Ann St.

Duration of Residence in Baltimore. 13 yrs. C13277

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 14" 1887

AGE: 21 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Leon A.T. Covington

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah J. Marshall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J Covington

(Address) #7. N Ann St

Filed 6/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25-th 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to June 26th 1908

that I last saw h alive on June 25th 1908

and that death occurred, on the date stated above, at 12.15

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) Maurice Power M.D.

Address 1835 E Baltimore St

Date June 26th 1908

Place of Burial Oak Lawn Cem

Date June 27" 1908

Undertaker Geo M. Frank

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 844 St Peter st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gladius E. Bell

{ Residence, if in Baltimore, Give Street and Number. } 824 St. Peter st

Duration of Residence in Baltimore. Life C13278

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Dec 25 1907

AGE: ....years, 6 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Emory Bell

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Annie Kaufman

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emory Bell

(Address) 844 St. Peter st

Filed 6/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 25 1908

that I last saw h[illegible] alive on June 25 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea and Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) J. E. Dunn M.D. M.D.

Address 865 Columbia Ave

Date June 26 1908

Place of Burial Western Cemetery

Date June 27 1908

Undertaker James Dignan & Son

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B 43979

CERTIFICATE OF DEATH.

(Place of Death.) No 2008 Bohemia Court St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah A. Travers

{ Residence, if in Baltimore, Give Street and Number. } 2008 Bohemia Court

Duration of Residence in Baltimore. Twenty-five (25) Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Smith

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Harriett Hurst

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Travers

(Address) 2008 Bohemia Ct

Filed 6/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 25 1908

I HEREBY CERTIFY, That I attended deceased from June 18th 1908 to June 25 1908

that I last saw h.. alive on June 24 1908

and that death occurred, on the date stated above, at 3.00 a. m. CAUSE OF DEATH (Secondary or Immediate)

Fibroid tumor of the uterus.

(DURATION) 8 DAYS

Con'ributory (Primary) Exhaustion

(DURATION) 8 DAYS

(Signed) John Davis M.D.

Address 2102 Orleans St.

Date June 25th 1908

Place of Burial Laurel Cemetery

Date June 27 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cyrus Harden

{ Residence, if in Baltimore, Give Street and Number. } 527 Rogers Ave

Duration of Residence in Baltimore.

C 13280

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored ~~White~~

DATE OF BIRTH: 1

AGE: 81 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address)

Filed 6/27 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to June 25 1908 that I last saw him alive on June 25 1908, and that death occurred, on the date stated above, at 12 25 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) arteriosclerosis chronic nephritis (DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date June 25 1908

Place of Burial National Cemetery

Date June 28 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as fer as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 712 Sterling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan Brady

{Residence, if in Baltimore, Give Street and Number.} 712 Sterling St

Duration of Residence in Baltimore. Life

File C13281

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H Butler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susan Neal

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Butler

(Address) 712 Sterling St

Filed 6/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to June 26 1908

that I last saw her alive on June 26 1908

and that death occurred, on the date stated above, at 6.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Inflammation and Diarrhea

continued

(DURATION) 8 DAYS

Contributory (Primary.) Inflammation

(DURATION) 8 DAYS

(Signed) Geo W Kennard M.D.

Address 708 Eutaw St

Date June 26 1908

Place of Burial Laurel Cemetery

Date June 28 1908

Undertaker R St Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13282

68

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Unkelbach

{ Residence, if in Baltimore, Give Street and Number. } — Unkelbach

Duration of Residence in Baltimore. —

C 13282

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M. Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Danial Unkelbach

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kathrean Unkelbach

BIRTHPLACE OF MOTHER (State or country) Deteare

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1906 to June 26 1908

that I last saw h alive on June 26 1908,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or immediate)

Pneumonia +

General Debility

(DURATION) — DAYS

Contributory (Primary.) Ex Pneumonia

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View A—

Date June 26 1908

Place of Burial St. Peters

Date June 27th 1908

Undertaker John Fields

Address 120 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

49

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C13283

Registered No. B.....

City of Baltimore, (No. 2461 Druid Hill Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter A. Carey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 10 (Day) 1907 (Year)

AGE: ..... years, 14 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wilmer Carey

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mable Edwards

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilmer Carey

(Address) 2461 Druid Hill

Filed 6/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to 26 th 1908

that I last saw him alive on 26 th 1908,

and that death occurred, on the date stated above, at 6 45 a.m. The CAUSE OF DEATH was as follows:

Scurvy

(DURATION) Sometime

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) L. F. Frey M. D.

6-26- 1908 (Address) 2446 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Westernlam | DATE OF BURIAL: 6-28 1908

UNDERTAKER: H. Gaultney | ADDRESS: 901-W-Baltimore

C13284

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 922 S. Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry John Trushke

{Residence, if in Baltimore, Give Street and Number.} 922 S. Curley St.

Duration of Residence in Baltimore. Life C13284

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 17 1908
AGE	years, 3 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Frank Trushke
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Lord
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Trushke

(Address) 922 S. Curley

Filed 6/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from June 21st 1908 to June 26 1908 that I last saw him alive on June 25 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis (DURATION) 14 DAYS

Con'tributory (Primary.)

Asthenia (DURATION) 5 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton

Date June 26 1908

Place of Burial St. Sacred Heart

Date June 28 1908

Undertaker J. A. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1909 Mc. Culloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry F. Foige

{Residence, if in Baltimore, Give Street and Number.} 1909 Mc. Culloh St.

Duration of Residence in Baltimore. 48 yrs. C 13285

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 9 1832

AGE 74 years, 1 months, 16 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Hamburg Germany

FULL NAME OF FATHER not Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Gieske

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Hermine Foigé

(Address) 1909 Mc Culloh St

Filed 6/27 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 26th 1907 to June 25th 1908 that I last saw him alive on 25th June 1908, and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy followed by Paralysis of right side

(DURATION) 9 Months

Contributory (Primary.) Heart Disease

(DURATION) 12 Years

(Signed) J. H. Hoffman M.D.

Address 702 W. Hoffman St.

Date June 26th 1908

Place of Burial New Cathedral

Date June 29 1908

Undertaker Jos B Cook

Address 1003 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B [illegible]

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 330 S Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon F Guthrie

{Residence, if in Baltimore, Give Street and Number.} 330 S. Monroe

Duration of Residence in Baltimore. C 13286

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 26 1907

AGE ..... years, 6 months, 29 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Guthrie

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary E Lusby

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Guthrie

(Address) 330 S. Monroe St

Filed 6/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 24 1908 that I last saw him alive on June 24 1908 and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea Enteritis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 57 Linden Ave

Date June 25 1908

Place of Burial Mt Olivet

Date June 27 1908

Undertaker Jos B Cook

Address 1003 N Bala St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 1000 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonidas Polk,

{ Residence, if in Baltimore, Give Street and Number. } 2304 Guilford Ave

Duration of Residence in Baltimore. 20 yrs

C 13287

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Nov. 27th 1865

AGE 42 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Conn

FULL NAME OF FATHER Alex H. Polk

BIRTHPLACE OF FATHER (State or country) Conn

MAIDEN NAME OF MOTHER Emily Beach

BIRTHPLACE OF MOTHER (State or country) Conn

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Stiles Polk

(Address) 2304 Guilford Ave

Filed 6/27 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism

(DURATION) 6 DAYS

Contributory (Primary) Heart

(DURATION) / DAYS

(Signed) Fredk Carullus M.D.

Address Comm Ave

Date June 26 1908

Place of Burial Loudon Park.

Date June 27th 1908

Undertaker G. F. Hacker

Address 723. N. Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 013288

City of Baltimore, (No. 1103, St. Paul / St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca E. Sloan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 12th (Day) 1825 (Year)

AGE: 82 years, 9 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Philadelphia, Pa

FULL NAME OF FATHER: James Watt

BIRTHPLACE OF FATHER (State or country): Phila. Pa

MAIDEN NAME OF MOTHER: Isabella Highlands

BIRTHPLACE OF MOTHER (State or country): Phila. Pa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frisbie Sloan

(Address) 243 E. Eager St

Filed 6/27 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 26th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 25th 1907 to June 26th 1908 that I last saw her alive on June 25th 1908, and that death occurred, on the date stated above, at ——— M. The CAUSE OF DEATH was as follows:

Apoplexy

Death immediate (DURATION) ~~DAYS~~

Contributory Interstitial Nephritis (DURATION) five years ~~DAYS~~

(Signed) Thos. L. Sheaver M. D.

190 (Address) 103 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Gr. Evergreen Cem.	June 28th 1908
UNDERTAKER	**ADDRESS**
Hengerstein & Son Co	320 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1729 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Henry Holtzman

{Residence, if in Baltimore, Give Street and Number.} 1729 Canton ave

Duration of Residence in Baltimore. Life C 13289

PERSONAL AND STATISTICAL PARTICULARS

SEX White | COLOR White

DATE OF BIRTH ~~June 26 1908~~ May 11 (1857)

AGE 33 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John Holtzman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margarith Lenk

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Holtzman

(Address) 1729 Canton ave

Filed 6/27 1905

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1905

I HEREBY CERTIFY, That I attended deceased from June 25th 1905 to June 26th 1905

that I last saw him alive on June 26th 1905

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

3 (DURATION) DAYS

Con'ributory (Primary.) ——— (DURATION) DAYS

(Signed) Edw. M. Singewald M.D.

Address 5 N. Eastern Ave.

Date 1905

Place of Burial Immanuels Cemetary

Date June 29 1905

Undertaker Louis Heimann

Address 92 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13290

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 3308. Carrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Ann Logan

{Residence, if in Baltimore, Give Street and Number.} 3308. Carrish st

Duration of Residence in Baltimore. 40 yrs C13290

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 24" 1839

AGE 69 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm. Forman

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mr Oried

(Address) 3303. Carrish St

Filed 6/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25" 1908

I HEREBY CERTIFY, That I attended deceased from June 23" 1908 to June 25" 1908 that I last saw h[illegible] alive on June 25" 1908 and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Senility

(DURATION) 1 DAYS

(Signed) W O Lavey M.D.

Address 1103. Gilmor st

Date June 25" 1908

Place of Burial Oella Cemetery Balto Co Md

Date June 28" 1908

Undertaker Mrs Annie Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex and age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

13

(Place of Death.) No. 772 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arnold F Offenbach

{Residence, if in Baltimore, Give Street and Number.} 772 McHenry 106

Duration of Residence in Baltimore. 45 Jean C 13291

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 23 1841

AGE 66 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John F. Offenbach

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Offenbach

(Address) 772 McHenry

Filed 6/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25th 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 25 1908 that I last saw h alive on June 25 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Morbus

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Campbell M.D.

Address 517 Scott

Date June 26 1908

Place of Burial Mt Olivet Cem

Date June 29th 1908

Undertaker J. Pendergast Son

Address Caroline near Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 606 W Lemmon St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edward L Howard

{Residence, if in Baltimore, Give Street and Number.} 606 W Lemmon

Duration of Residence in Baltimore. L

C 13292

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 18 1871

AGE 36 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Jno L Howard

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. Howard

(Address) 606 W Lemmon

Filed 6/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26, 1908

I HEREBY CERTIFY, That I attended deceased from July Aug 1907 to June 26, 1908

that I last saw her alive on June 25, 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Bladder

(DURATION) 10, Mos DAYS

Contributory (Primary) Carcinoma of Uterus

(DURATION) one year DAYS

(Signed) J. C. Symington M.D.

Address 653 Columbia Ave.

Date June 26, 1908

Place of Burial Loudon Park

Date June 28 1908

Undertaker W. F. Tickner Sons

Address Caroline & Eden

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1103 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Winters

{Residence, if in Baltimore, Give Street and Number.} 1103 Whatcoat St

Duration of Residence in Baltimore. 20 yrs. C 13293

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1855

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Richard Winters

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosaline Winters

(Address) 1103 Whatcoat

Filed 6/27 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908

I HEREBY CERTIFY, That I attended deceased from Mch. 21 1908 to June 25 1908 that I last saw him alive on June 23 1908, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation

Failure in Compensation (DURATION) DAYS

Contributory (Primary.) Interstitial Nephritis (DURATION) 5 mos DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date June 25 1908

Place of Burial New Cathedral Cem

Date June 27 1908

Undertaker Saml H. Chase Jsn

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Mc Carthy

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 13294

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W.
DATE OF BIRTH: 1836	
AGE: 72 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: Robert Shaw	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Bridget Donahan	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Cleary

(Address) Preston & Valley sts

Filed 6/27 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27th 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Sr alive on June 25 1908,

and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of heart

(DURATION) DAYS

Contributory (Primary) Dropsy

4 months (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date June 27 1908

Place of Burial Holy Cross

Date June 29th 1908

Undertaker Henry Wiedefeld

Address 914 Greenmount av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

38

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C13295

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1714 Regester St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry DeRoss Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 24 (Day) 1908 (Year)

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Smith D. Miller

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Nanetta Folke.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Smith D. Miller

(Address) 1714 Regester St

Filed 6/27" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 27 1908 that I last saw him alive on June 27 1908, and that death occurred, on the date stated above, at 12 20 P.M. The CAUSE OF DEATH was as follows:

Atrocastes

(DURATION) 3 DAYS

Contributory Gen.

(DURATION) ..... DAYS

(Signed) E W Deltrow M. D.

June 27 1908 (Address) 230 E Hoffman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem. | DATE OF BURIAL: June 28th 1908

UNDERTAKER: Jas & Jno H. Teufel | ADDRESS: 801 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 837 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Esther Malka Dickelman

{Residence, if in Baltimore, Give Street and Number.} 837 E Lombard

Duration of Residence in Baltimore. 8 years C 13296

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 1873

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Isaac Kogot

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Greenbaum

(Address) 837 E. Lombard

Filed 6/28 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from Feby 1906 to June 27 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Heart disease

(Mitral Stenosis) (DURATION) 2 years

(Signed) Moses M. Savage M.D.

Address 1121 E. Baltimore St.

Date June 27 1908

Place of Burial Hebrew Boundary Cemetery

Date June 27 1908

Undertaker Max Levinson

Address 1625 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 2847 Remington Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Walter H King

{ Residence, if in Baltimore, Give Street and Number. } Same

Duration of Residence in Baltimore. Life C13297

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Willis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Wing

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wing

(Address) 2847 Remington

Filed 6/28 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10

..... M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

Malnutrition

..... (DURATION) DAYS

Contributory (Primary)

..... (DURATION) DAYS

(Signed) Clinton Luttman M.D.

Address 1518 N Chas

Date June 27 1908

Place of Burial Laurel Cemetery

Date June 28 1908

Undertaker E N Willis

Address 606 N Roger Ave.

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. C13298

Registered No. B.....

City of Baltimore, (No. 211 S. Greene St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Lorbiecke

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feb 16th 1908
(Month) (Day) (Year)

AGE — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt Md.

FULL NAME OF FATHER Andrus Laukites

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sophia Lasitis

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrus Laukites

(Address) 211 S Greene

Filed 6/28 1908. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 25th 1908 to June 26 1908 that I last saw h[illegible] alive on June 25th 1908, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 1 DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) E. B. Freeman M. D.

6/26 1908 (Address) 643 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Stanislaus	June 28th 1908
UNDERTAKER	ADDRESS
Geo Leimbacher & Son	647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1012 W. Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Lindner Mertz

{Residence, if in Baltimore, Give Street and Number.} 1012 W. Lafayette Ave.

Duration of Residence in Baltimore. 50 years. C 13299

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 9, 1834

AGE: 76 years, 1 month, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Gottlieb Lindner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanna Richter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Mertz

(Address) 1012 W. Lafayette Ave

Filed 6/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from June 13 1908 to June 27 1908

that I last saw h[illegible] alive on June 25 1908,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of liver

Sinca apl task (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1804 W Lafayette

Date June 27 08 190

Place of Burial Lorraine Cemetery

Date June 29, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13300

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 424 Hickory Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma J. Gill

{Residence, if in Baltimore, Give Street and Number.} 424 Hickory Ave.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 19th 1908

AGE — years, 6 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt.

FULL NAME OF FATHER Roger Gill

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elsie Brooks

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie Gill

(Address) 424 Hickory Ave

Filed

6/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 24th 1908

I HEREBY CERTIFY, That I attended deceased from June 18th 1908 to June 24th 1908

that I last saw her alive on June 24th 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.)

Entero-colitis (DURATION) 14 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date June 28th 1908

Place of Burial St. Mary's-Hampden

Date June 28— 1908

Undertaker Horace Burgan

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C13301

Registered No. B

City of Baltimore, (No. 413 S. Central Av. St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Millie Blum

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: September (Month) 12 (Day) 1906 (Year)

AGE: 1 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Maurice Blum.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Lina Gerber.

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Blum

(Address) 413 S. Central Av.

Filed 6/28 1908

PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to June 28 1908

that I last saw h.. alive on June 28 1908,

and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Pneumonia & Bronchitis

(DURATION) 26 DAYS

Contributory Diarrhea & Atrophy

(DURATION) 10 DAYS

(Signed) Alfred Weisfeld M. D.

June 30 1908 (Address) 1217 Eutaw Pl.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Rosedale Cem.

DATE OF BURIAL: June 29 1908

UNDERTAKER: M/L Grimes - Curran

ADDRESS: 1227 Mulliken Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 766 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William G. Thomas

{Residence, if in Baltimore, Give Street and Number.} 766 W. Mulberry St.

Duration of Residence in Baltimore. Life C 13302

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1902

AGE 6 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Melton Thomas

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Jannie Hachnes

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jannie Thomas

(Address) 766 W. Mulberry St.

Filed 6/28 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 28 1908 that I last saw h im alive on June 28 1908 and that death occurred, on the date stated above, at 1 20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia & Exhaustion

(DURATION) DAYS

Con'ributory (Primary) Scarlet Fever

Anginose Form (DURATION) DAYS

(Signed) Jno. G. Thiesl M. D. M.D.

Address 901 Myrtle Ave

Date June 28 1908

Place of Burial Mt Auburn Cemetery

Date June 28th 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1003 Bruce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Norine Coleman

{ Residence, if in Baltimore, Give Street and Number. } 1003 Bruce St.

Duration of Residence in Baltimore. 4 months

C 13303

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Feb 27 1908

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: [redacted] Coleman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Dona Coleman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Gaines

(Address) 892 Tyson St.

Filed 6/28 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to June 27 1908

that I last saw her alive on June 26 1908.

and that death occurred, on the date stated above, at 6 10 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Gastro - Enteritis. (DURATION) 20 DAYS

(Signed) Edw V Fitzgerald M.D.

Address 1118 Druid Hill Ave

Date June 28. 1908.

Place of Burial Mt. Auburn Cemetery

Date June 28 02 1908

Undertaker Felix B. Pope

Address 102. E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B 13304

City of Baltimore, (No. 1235, Wall St.; 24 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elmer Christian Thos. Ott

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Wh

DATE OF BIRTH: May (Month) 18 (Day) 1908 (Year)

AGE: ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Christian Ott.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Bailey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irwin Ott

(Address) 2 1/2 W. Wall St.

Filed 6/28 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 21 1908 to June 26 1908 that I last saw h[illegible] alive on June 24 1908, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Acute Indigestion

(DURATION) 10 DAYS

Contributory Asthenia and Convulsions (DURATION) 4 DAYS

(Signed) Wesley Cole M. D.

June 26 1908 (Address) 735 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Comrade Dmat — DATE OF BURIAL: June 29 1908

UNDERTAKER: John E Evans & Son — ADDRESS: 1429 E Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

47

(Place of Death.) No 1531 Marshall St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Annie R. Musgrove

{Residence, if in Baltimore, Give Street and Number.} 1531 Marshall St

Duration of Residence in Baltimore.. 39 yr. C 13305

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 8 1869

AGE: 39 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: Joshua Musgrove

BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

MAIDEN NAME OF MOTHER: Hannah Jones

BIRTHPLACE OF MOTHER (State or country): Balt Co Md.

OCCUPATION OF DECEASED: Paper box maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Musgrove

(Address) 1531 Marshall St

Filed 6/28 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 — 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to June 26 1908 that I last saw h er alive on June 23 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Endocarditis

(DURATION) ? DAYS

Contributory (Primary.) Rheumatism

(DURATION) ? DAYS

(Signed) L. A. Lehnpp M.D.

Address 435 E. Fort Ave

Date June 26 1908

Place of Burial Mt Olivet

Date June 29 1908

Undertaker Lemmon

Address 502 E Monument

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 Leadenhall St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Susan Winkler.

{Residence, if in Baltimore, Give Street and Number.} 917 Leadenhall

Duration of Residence in Baltimore Since Birth

C 13306

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white.

DATE OF BIRTH February 22 1830

AGE 78 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Matthias Station.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. N. Winkler

(Address) 917 Leadenhall St

Filed 6/28 1908

EARLY C. ZIMMERMAN
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908.

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 26 1908.

that I last saw her alive on June 26 1908.

and that death occurred, on the date stated above, at 9 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Syncope.

(DURATION) DAYS

Contributory (Primary.) Senility.

(DURATION) DAYS

(Signed) Henry Wade Smith M.D.

Address 923 Leadenhall

Date June 27 1908.

Place of Burial Cathedral

Date June 29 1908

Undertaker Wm Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

106

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Mrs Thos L.~~ Sarah Elizabeth Coulbourn

{ Residence, if in Baltimore, Give Street and Number. } 412 Hanover St.

Duration of Residence in Baltimore. Three weeks C 13307

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W

DATE OF BIRTH Dec 13th 1855

AGE 53 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Somerset Co Md

FULL NAME OF FATHER Somerset Co Md

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER Sally Coulbourn

BIRTHPLACE OF MOTHER (State or country) Somerset Co Md

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E. Coulbourn

(Address) 412 Hanover st

Filed 6/28 1908 Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to June 28 1908 that I last saw h er alive on June 28 1908, and that death occurred, on the date stated above, at 6.15 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Gastro-enteritis.

(DURATION) 10 DAYS

(Signed) M. R. Todd. M.D.

Address 1302 E. Monument St.

Date June 28 1908.

Place of Burial Manokin Somerset Co Md

Date June 30 1908

Undertaker Geo. J. Smith Co

Address 1000 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 125 N Baxter St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Hutson

{Residence, if in Baltimore, Give Street and Number.} 125 N. Baxter St

Duration of Residence in Baltimore. Life C 13308

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1

AGE years 8 months 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Joseph Hutson

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Cora Hyde

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Hutson

(Address) 125 N. Baxter St

Filed 6/28 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to June 28 1908

that I last saw her alive on 11 27 1908

and that death occurred, on the date stated above, at 5:

11. CAUSE OF DEATH (Secondary or Immediate)

Colon Infantum

(DURATION) 2 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) A. C. Hann M.D.

Address 156 Hilton Ave

Date June 28 1908

Place of Burial Holy Cross Cem.

Date June 30 1908

Undertaker Kendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF D[illegible]

(Place of Death.) No. 262 S. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida E. Ross

Residence, Give Street and Number, 262 S. Duncan

Duration of Residence in Baltimore, Life C 13309

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: years, 11 months, 21 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Wm. Ross

BIRTHPLACE OF FATHER (State or county): Baltimore Md.

MAIDEN NAME OF MOTHER: Ida Cannon

BIRTHPLACE OF MOTHER (State or county): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Ross.

(Address) 262 S. Duncan st.

Filed 6/28 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 27" 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to June 27 1908

that I last saw her alive on June 26 1908

and that death occurred, on the date stated above, at 2

A. M. CAUSE OF DEATH (Secondary or Immediate,)

Gastero Enteritis

About 2 Mos. (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) 4 DAYS

(Signed) Geo. Heller M. D.

Address 1937 Gough st

Date June 27 1908

Place of Burial Oak Lawn Cem.

Date June 28" 1908

Undertaker Kendall Lippel & Sons

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LIN

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF D[illegible] C13310

(Place of Death.) No. 1140 Kenwood Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred'k J. Baier

Residence, Give Street and Number, 1140 Kenwood ave.

Duration of Residence in Baltimore, Life C13310

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Ml.	W.

DATE OF BIRTH ..... 1 .....

AGE ..... years, 3 months, 1 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER Fred'k Baier

BIRTHPLACE OF FATHER (State or county) Baltimore Md.

MAIDEN NAME OF MOTHER Mary Champness

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred'k Baier

(Address) 140 Kenwood Ave

Filed 6/28 1908 Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 27" 1908

I HEREBY CERTIFY, That I attended deceased from June 2 — 1908 to June 27 — 1908

that I last saw h— alive on June 26 1908

and that death occurred, on the date stated above, at 1

A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchio-Pneumonia —

3 wks — (DURATION) DAYS

Contributory (Primary) —

Exhaustion (DURATION) DAYS

(Signed) [illegible] M. D.

Address 125 S Broadway —

Date June 27/08 1908

Place of Burial Holy Redeemer Cem.

Date June 29" 1908

Undertaker Trudell Lippel & Son

Address 330 S. Bond st.

Remarks .....

PART ENCLOSED BY BLACK LINE TO BE FILLED OUT BY PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 744 Reservoir St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Thomas

{Residence, if in Baltimore, Give Street and Number.} 744 Reservoir St.

Duration of Residence in Baltimore. all life. C 13311

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Nov. 6 1859

AGE 48 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Richard Pierce Thomas

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Harriet Cowman

BIRTHPLACE OF MOTHER (State or country) Alexandria Va

OCCUPATION OF DECEASED Insurance & Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Thomas

(Address) 744 Reservoir St.

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT-CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to June 26th 1908 that I last saw h[illegible] alive on June 26th 1908 and that death occurred, on the date stated above, at 12:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Stomach

3 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. F. McClelland M.D.

Address 115 W Franklin

Date June 27 1908

Place of Burial Greenmount Cemetery

Date June 29th 1908

Undertaker Stewart & Mowen Co.

Address 215-217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

E. F. McClelland Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1504 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henry Summerville

{Residence, if in Baltimore, Give Street and Number.} 1504 Ashland Ave

Duration of Residence in Baltimore. 30 Years Summerville

C 13312

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dont know

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys Co.

FULL NAME OF FATHER: John H Summerville

BIRTHPLACE OF FATHER (State or country): St Marys Co.

MAIDEN NAME OF MOTHER: Lucinda Watts

BIRTHPLACE OF MOTHER (State or country): St Marys Co.

OCCUPATION OF DECEASED: Steredor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C B Summerville

(Address) 1423 Prospect Lane

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1908

I HEREBY CERTIFY, That I attended deceased from March 3d 1908 to June 27 1908

that I last saw h[illegible] alive on June 27 1908,

and that death occurred, on the date stated above, at 2-20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

Asthenia

(DURATION) ..... DAYS

Contributory (Primary.) Arterio Sclerosis

(DURATION) ..... DAYS

(Signed) W. Murray M.D.

Address 1220 E. Fayette St

Date June 27th 1908

Place of Burial Asbury Cemetery

Date June 29 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 518. S. Bethel Str St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry. Gawronski

{Residence, if in Baltimore, Give Street and Number.} 518 S. Bethel Str

Duration of Residence in Baltimore. Lifetime C13313

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November. 25 1907

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph. Gawronski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Annie Smith

BIRTHPLACE OF MOTHER (State or country): Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph. Gawronski

(Address) 518 S. Bethel Str

Filed 6/29 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to June 28 1908

that I last saw h[illegible] alive on June 27 1908

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date June 28 1908

Place of Burial Holy. Rosary.

Date June. 29th 1908

Undertaker William Fialkowski

Address 424 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Wagner

{ Residence, if in Baltimore, Give Street and Number. } 211 W. Hamburg St.

Duration of Residence in Baltimore. 60 years

C 13314

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec. 10th 1
AGE	89 years, 6 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Jacob Wagner
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George F. Wagner.

(Address) 211 W. Hamburg St.

Filed 6/29 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1908 to June 28 1908

that I last saw h.. alive on June 27 1908

and that death occurred, on the date stated above, at 11.30 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

Several Years (DURATION)

Con'tributory (Primary.) Asthenia (DURATION) 14 DAYS

(Signed) A. J. Carrick M.D.

Address 147 McCulloh.

Date June 28th 1908

Place of Burial Western Cemetery

Date June 30th 1908

Undertaker Jas & Jno. H. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Ward ...

C13315

CERTIFICATE OF DEATH.

114

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Meyer

{Residence, if in Baltimore, Give Street and Number.} 413 Milton Ave.

Duration of Residence in Baltimore. Lifetime

C 13315

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 20th 1860

AGE: 48 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Geo. F. Meyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Friesner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Piano Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Meyer

(Address) 413 E. Milton Ave

Filed 6/29 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27, 1908

I HEREBY CERTIFY, That I attended deceased from May 17, 1908 to June 27, 1908.

that I last saw him alive on June 27, 1908,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Abscess of liver

(DURATION) ? DAYS

Contributory (Primary.) Unknown (DURATION) DAYS

(Signed) Benjamin Wooth, Jr. M.D.

Address Union Protestant Infirmary.

Date June 27, 1908.

Place of Burial Loudon Park Cem

Date June 29th 1908

Undertaker Mrs. & Mrs. John W. Teufel

Address 801 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2010 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Young

{Residence, if in Baltimore, Give Street and Number.} 2010 E. Biddle st.

Duration of Residence in Baltimore. Lifetime

C 13316

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1846

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Young

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Young

(Address) 2010 E. Biddle

Filed 6/29 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 - 1908

I HEREBY CERTIFY, That I attended deceased from June 18 - 1908 to June 27 1908

that I last saw him alive on June 27 1908,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Peri-carditis

About 7 mos (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Carolines st

Date June 28 - 1908

Place of Burial Baltimore Cemetery

Date June 29 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1426 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward C Hock

{ Residence, if in Baltimore, Give Street and Number. } 1426 Penna Ave

Duration of Residence in Baltimore. Life C 13317

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 10 1876

AGE: 32 years, — months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Stock

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: annd Ring

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Storekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo J Stock

(Address) 1426 Penna ave

Filed 6/29 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to June 28 1908 that I last saw h alive on June 28 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Heart Disease

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ehrgh M.D.

Address 1701 Pa Ave

Date June 28 1908

Place of Burial Cathedral

Date July 1 1908

Undertaker Chas P Cautucci

Address 548 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, so far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF D[illegible]

(Place of Death.) No. 2420 Foster ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Hayes

Residence, Give Street and Number,

Duration of Residence in Baltimore, Life C13318

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH June 28 1908

AGE ... years, 11 months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER William Hayes

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Kate Rumple

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hayes

(Address) 2420 Foster Ave

Filed 6/29 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 28 1908

that I last saw her alive on June 28 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) ... DAYS

Contributory (Primary) Asthenia

(DURATION) 1 DAYS

(Signed) John Roth M. D.

Address 2007 Eastern ave

Date June 28 1908

Place of Burial Sacred Heart

Date June 30 1908

Undertaker W. Lippel & Son

Address 330 S. Bonds

Remarks

CERTIFICATE OF DEATH. 17

(Place of Death.) No. 3102 Auchentorolly Ter. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Sims Morris

{ Residence, if in Baltimore, Give Street and Number. } 3102 Auchentorolly Ter.

Duration of Residence in Baltimore... 20 Yrs. C13319

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 2nd 1843

AGE 65 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England.

FULL NAME OF FATHER James Morris

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Miss Sims

BIRTHPLACE OF MOTHER (State or country) England.

OCCUPATION OF DECEASED Mineral Waters

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo Morris

(Address) 3102 Auchentorolly Ter.

Filed 6/29/1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1908 to June 28 1908

that I last saw h[illegible] alive on June 28 1908,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Malignant

One hour
(DURATION) DAYS

Contributory (Primary.) Val. Dis. & Hyper-

trophy & Heart (DURATION) Long DAYS

(Signed) E. E. Smith M.D.

Address 1605 N. North Ave.

Date June 28/1908

Place of Burial Druid Ridge Cemetery

Date June 30 1908

Undertaker Henry W. Means & Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

ENCLOSED BY BLACK LINES THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, r as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, the ***cause and date of death.***

CERTIFICATE OF

(Place of Death.) No. 1004 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha A. Jurgerson

Residence, Give Street and Number, 1004 York Road

Duration of Residence in Baltimore, 26 yrs C 13320

PERSONAL AND STATISTICAL PARTICULARS.	
SEX: female	COLOR: white
DATE OF BIRTH: July 29 1828	
AGE: 79 years, 11 months, 0 days	
SINGLE, MARRIED, WIDOWED OR DIVORCED: widow	
BIRTHPLACE (State or county): D. Columbia	
FULL NAME OF FATHER: Hanson Simpson	
BIRTHPLACE OF FATHER (State or county): md	
MAIDEN NAME OF MOTHER: Sarah Rendall	
BIRTHPLACE OF MOTHER (State or county): md	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Jurgerson

(Address) 217 E. Pace

Filed 6/29 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 27th 1908

I HEREBY CERTIFY, That I attended deceased from June 11th 1908 to June 27th 1908 that I last saw her alive on June 26th 1908 and that death occurred, on the date stated above, at 1 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility Heat prostration with Exhaustion

(DURATION) 5 DAYS

Contributory (Primary) Senility General Debility (DURATION) about 6 Mos. DAYS

(Signed) William A. Pillsbury M. D.

Address 2301 York Road

Date June 27th 1908

Place of Burial Greenmount Cem

Date June 29 1908

Undertaker Geo. Jurgerson. Son

Address 217 E. Pace

Remarks

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1014 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Martin Deitrich

{ Residence, if in Baltimore, Give Street and Number. } 1014 E Madison

Duration of Residence in Baltimore. Lifetime

C 13321

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W
DATE OF BIRTH: April 9 1908	
AGE: ... years, 2 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: George Deitrick	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Mamie Boerger	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Boerger

(Address) 1040 E Madison St

Filed 6/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1908

I HEREBY CERTIFY, That I attended deceased from June 26th 1908 to June 27th 1908 that I last saw him alive on June 26th 1908, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Marasmus (DURATION) 1/2 DAYS

Contributory (Primary) Malnutrition (DURATION) 60 DAYS

(Signed) Gid B. Saunders M.D.

Address 809 N Charles

Date June 27th 1908

Place of Burial Western

Date June 27 1908

Undertaker Wm J Schaffer

Address 8. S. Brent St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1821 Vine St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah E. Brown

{Residence, if in Baltimore, Give Street and Number.} 1821 Vine St.

Duration of Residence in Baltimore. Life C 13322

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ____ 1876

AGE 32 years, ____ months, ____ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER James Brown

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Kate Brooks

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Brown

(Address) 1821 Vine St.

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27. 1908.

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to June 27 1908

that I last saw h[illegible] alive on June 26 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

1 year (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. W. Slater M.D. M. D.

Address 1703 W. Lafayette

Date June 27 1908.

Place of Burial Mt Brown Cemetery

Date June 30 1908

Undertaker Relihan & Ryan

Address 1028 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C13323 Registered No. B C13323

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 712 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Brooks

{Residence, if in Baltimore, Give Street and Number.} 712 Sarah Ann St.

Duration of Residence in Baltimore. 20

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH January 20 1870

AGE 37 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) A. A. Co. Md

FULL NAME OF FATHER Wm Brook.

BIRTHPLACE OF FATHER (State or country) A. A. Co. Md

MAIDEN NAME OF MOTHER Rachel Ennis

BIRTHPLACE OF MOTHER (State or country) A. A. Co. Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lula Brooks

(Address) 712 Sarah Ann

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1908

I HEREBY CERTIFY, That I attended deceased from May 15th, 1908 to June 28th 1908 that I last saw h in alive on June 28th, 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asciter (DURATION) 30 DAYS

Contributory (Primary.) Nephritis (DURATION) 2 Months

(Signed) F. C. Lamb M.D.

Address 1313 N. North Ave

Date June 28th 1908

Place of Burial St Peters Cemetery

Date June 29 1908

Undertaker Pelin Bros

Address 1028 Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C13324 Registered No. B C13324

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 700 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma May Mitten (Mullen)

{Residence, if in Baltimore, Give Street and Number.} 700 Mc Henry St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 25 1907

AGE — years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John P Mitten

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Mary E Andrews

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Mitten

(Address) 700 Mc. Henry St.

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUN 28 1908 190

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to June 28 1908 that I last saw h.e alive on June 27 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Dianthea & Enteritis

3 weeks (DURATION) DAYS

Con'ributery (Primary.) asthenia

(DURATION) 2 DAYS

(Signed) L. E. Muse M.D.

Address 853 Columbia

Date July 29 1908

Place of Burial Mt Olivet

Date June 29 1908

Undertaker Howard & Dulany

Address 807 Ridgely Md.

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C13325 — Registered No. B C13325

CERTIFICATE OF DEATH. 106

(Place of Death.) No. Vonderhorsts Lane St. (If Death occurred Hospital or Institut give its Name Inst of Street and Numb

Full Name Lawrence Friskey

{Residence, if in Baltimore, Give Street and Number.} Vonderhorsts Lane

Duration of Residence in Baltimore. 42 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 10th 1842

AGE: 66 years, 1 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Casper Friskey

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Hofstetter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Friskey Wife

(Address) Vonderhorsts Lane

Filed 6/29 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 190

I HEREBY CERTIFY, That I attended deceased fr June 26th 1908 to June 28th 1908

that I last saw h 2in alive on June 28th 1908

and that death occurred, on the date stated above, at 2.5 A. M. CAUSE OF DEATH (Secondary or Immediat

Entero Catarrh

(DURATION) 4 DA

Con'ributory (Primary.)

(DURATION) DA

(Signed) C C Stoner M.

Address 1509 E Eager St

Date June 28th 19

Place of Burial Baltimore Cemetery

Date July 1st 190

Undertaker George Schulling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7D C 13326 Registered No. B 13326

CERTIFICATE OF DEATH. 118

(Place of Death.) No. University Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Oswald Hiedeck

{ Residence, if in Baltimore, Give Street and Number. } 444 S. Smallwood St.

Duration of Residence in Baltimore. 11 yrs. 5 mo - 9 da

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH Jan 18th 1897

AGE 11 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Frederick Hiedeck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Kinner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED School boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Knell

(Address) 917 Columbus Av

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27. 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to June 27 1908 that I last saw h im alive on June 27 1908 and that death occurred, on the date stated above, at 3 P. M, CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) 3 DAYS

Con'tributory (Primary.) acute appendicitis (DURATION) 5 DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date June 27 1908

Place of Burial Cathedral Cemetery

Date June 30th 1908

Undertaker A. Knell & Son

Address 807 Columbus Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13327

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 [redacted] Registered No. B [redacted]

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 707 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Pflaum

{Residence, if in Baltimore, Give Street and Number.} 707 W. Cross St.

Duration of Residence in Baltimore. 26 Jears C 13327

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 23rd 1832

AGE 75 years, 6 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Germay

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Julia Pflaum

(Address) 707 W. Cross St.

Filed 6/29 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 26 1908

that I last saw h[redacted] alive on Jun 25 190[redacted],

and that death occurred, on the date stated above, at [redacted] M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin Symons M.D.

Address 547 Cathedral

Date June 27 1908

Place of Burial Loudon Park Cem.

Date June 29th 1908

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C13328 Registered No. B C13328

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home - St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Tyson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Dec. 13, 1907

AGE: ..... years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred Pur[illegible]

(Address) St Elyabeths Home

Filed 6/29 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from March. 15 1908 to June 27 1908 that I last saw h[illegible] alive on June 27 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 4 Mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Caroline St.

Date June 29 1908

Place of Burial Cathedral Cemetery

Date June 29 1908

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C13329 — Registered No. B C13329

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its ~~Name~~ instead of Street and Number.)

Full Name Lewis Thresinger Shearing

{ Residence, if in Baltimore, Give Street and Number. } 931 W. Lexington St.

Duration of Residence in Baltimore. —

Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 40 years, months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address)

Filed 6/29 1908 BAY VIEW ASYLUM HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from May 25th 1908 to June 27 1908

that I last saw h.im alive on June 27 1908, 6.45

and that death occurred, on the date stated above, at 6. A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) H. Baker M.D.

Address Bay View Asylum.

Date 190

Place of Burial Baltimore Cemetery

Date June 29 1908

Undertaker Geo. Wm. Smith & Co.

Address 1100 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C13330 — Registered No. B C13330

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1103 Woodyear St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert Susco

{Residence, if in Baltimore, Give Street and Number.} 1103 Woodyear St.

Duration of Residence in Baltimore. 4 months -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: B.

DATE OF BIRTH: Feb. 11th 1908

AGE: ..... years, 4 months, 17 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): 1103 Woodyear St Balto Md.

FULL NAME OF FATHER: Joshua Susco

BIRTHPLACE OF FATHER (State or country): A.A. County Md -

MAIDEN NAME OF MOTHER: Mary Young.

BIRTHPLACE OF MOTHER (State or country): Prince George County Md.

OCCUPATION OF DECEASED: Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua Susco

(Address) 1103. Woodyear St

Filed 6/29 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 18th 1908

I HEREBY CERTIFY, That I attended deceased from June 23rd 1908 to June 27th 1908

that I last saw him alive on June 27th 1908,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Poisoning -

(DURATION) 3 DAYS

Contributory (Primary.) Ileo-Colitis

(DURATION) 7 DAYS

(Signed) J. Milnor Hayes - M.D.

Address 901 N. Charles St -

Date June 28th 1908

Place of Burial Mt. Zion Cem

Date June 29 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C13331 Registered No. B C13331

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 Shields alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Carter

{Residence, if in Baltimore, Give Street and Number.} 1403 Shields alley

Duration of Residence in Baltimore. 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: September 186[illegible]

AGE: 45 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow.

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: — Fickean?

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Crusor

Address 1403 Shields alley

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from June 21 1908 to June 24 1908 that I last saw her alive on June 24 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis, following operation for Hematoma

(DURATION) 6 DAYS

Contributory (Primary) Hematoma

(DURATION) — DAYS

(Signed) Geo. Kemmler M.D.

Address 800 Hanover Ave

Date June 27. 1908

Place of Burial Laurel Cem

Date June 30th 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C13332

C13332

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2805 Elliot St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen E Bridgman

{Residence, if in Baltimore, Give Street and Number.} 2805 Elliot St

Duration of Residence in Baltimore. 3 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	White
DATE OF BIRTH	Mch 29 1908
AGE	3 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	William Bridgman
BIRTHPLACE OF FATHER (State or country)	New York.
MAIDEN NAME OF MOTHER	Louisa B[illegible]
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Peter Nicolaus

(Address) 1820 Canton Ave

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/29 1908

I HEREBY CERTIFY, That I attended deceased from 6/25 1908 to 6/28 1908

that I last saw h[illegible] alive on 6/28 1908,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Debility.

(DURATION) 4 DAYS

Contributory (Primary) Gastro enteritis

(DURATION) 10 DAYS

(Signed) Lee Kaufman M.D.

Address 1114 S Chesapeake St

Date June 29 1908

Place of Burial Mount Calvert

Date June 30th 1908

Undertaker H Nicolaus & Son

Address 1520 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

C13333

Registered No. B C13333

18

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 N. Collington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Remert

{Residence, if in Baltimore, Give Street and Number.} 113 N. Collington Ave

Duration of Residence in Baltimore. 30 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 25th 1853

AGE: 54 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Remert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude M. Remert

(Address) 113 N. Collington Ave

Filed 6/29 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 27 1908 that I last saw him alive on " " 1908 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Erysipelas

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Printiss Ave

Date June 28 1908

Place of Burial Loudon Park Cemetery

Date June 30th 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S.E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C13334 — Registered No. B C13334

CERTIFICATE OF DEATH.

(Place of Death.) No. 242 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Lynch

{Residence, if in Baltimore, Give Street and Number.} 242 S. Wolfe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 15 1877

AGE 31 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Henry Belz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Belz

(Address) 242 S. Wolfe

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1908

I HEREBY CERTIFY, That I attended deceased from April 26th 190 to June 27 190 8

that I last saw h[illegible] alive on " " 190 ,

and that death occurred, on the date stated above, at 3.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 DAYS

Con'tributory (Primary) Bright's Disease (DURATION) 60 DAYS

(Signed) Jacob L. Donnier M.D.

Address 30 S. Broadway

Date June 27th 1908

Place of Burial St. Paul Cemetery

Date June 29th 1908

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13335 Registered No. B C13335

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 622 west Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Gertrude Bellamy (Bellamy)

{ Residence, if in Baltimore, Give Street and Number. } 630 Penn Alley

Duration of Residence in Baltimore. about 16 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH June 24 1908

AGE 16 hrs. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 25 1908 that I last saw h alive on June 25 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Prematurity and Inanition

(DURATION) 16 hrs DAYS

Contributory (Primary) Prematurity

(DURATION) DAYS

(Signed) J. M. Bird M.D.

Address University Hospital

Date June 27. 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 27 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL,

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

12

Ward 14 C13336 Registered No. B C13336

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 1008 Boyd St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Cascio (Cascio)

{ Residence, if in Baltimore, Give Street and Number. } 1008 Boyd St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1856.

AGE 52. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Italy.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Cascio.

(Address) 1008 Boyed St.

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from April 3d 1908 to June 29 1908 that I last saw her alive on 28th of June 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Parenchymatous Nephritis and mitral regurgitation

(DURATION) 90 DAYS

Contributory (Primary.) general anasarca

(DURATION) 25 DAYS

(Signed) Ralph Chrisman M.D.

Address 401 W. Saratoga

Date June 29. 1908

Place of Burial St. Vincents Cem.

Date June 29, 1908

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C13337 — Registered No. B C13337

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 16 W. McComas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida A. Murphy

{Residence, if in Baltimore, Give Street and Number.} 16 W McComas St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR white

DATE OF BIRTH Jan 2 1903

AGE — years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER French Murphy

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hattie Gray

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Murphy

(Address) 16 W. McComas

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to June 28 1908

that I last saw h alive on June 28 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary) Cholera Infantum (DURATION) 14 DAYS

(Signed) R E L Campbell M.D.

Address 1644 Hanover St

Date June 29 1908

Place of Burial Cedar Hill Cem

Date June 30 1908

Undertaker C. Schloman & Son

Address 1529 Hanover Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13338 Registered No. B C13338

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Jeakel

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 56 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, DIVORCED Divorced

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt. BAY VIEW ASYLUM

(Address)

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1907 to June 28 1908 that I last saw h[illegible] alive on June 28 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) D N Eshn M.D.

Address B. V. A.

Date June 28 1908

Place of Burial Balto Crem

Date June 30 1908

Undertaker E Schlosmann & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C13339 — Registered No. B C13339

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1100 Riverside Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elana M Berry.

{ Residence, if in Baltimore, Give Street and Number. } 1100 Riverside Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH November 1st 1907

AGE ..... years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Benjamin Berry

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Laura M Davis

BIRTHPLACE OF MOTHER (State or country) Charles Co Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Berry

(Address) 1100 Riverside ave

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27th 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to June 27 1908 that I last saw h er alive on June 27 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.)

Ileo Colitis (DURATION) 10 DAYS

(Signed) G. F. Burton M.D.

Address 722 E Lems St

Date June 27 1908

Place of Burial Charles Co. Md. Waldorf Sta.

Date June 29th 1908

Undertaker C. Schlosman Son

Address 1029 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C13340 Registered No. B C13340

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 622 West Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Etherington, Infant
of Cora E Etherington

{ Residence, if in Baltimore, Give Street and Number. } 622 N. Lombard St.

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 20th 1908

AGE - years, - months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/29 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23rd 1908

I HEREBY CERTIFY, That I attended deceased from June 20th 1908 to June 23rd 1908 that I last saw him alive on June 23rd 1908, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Prematurity +
Inanition

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Frank A Lyon M.D.

Address University Hospital

Date June 24th 1908

Place of Burial JOHNS HOPKINS HOSPITAL JUN 27 1908

Date 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Morgue

120

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13341 Registered No. B C13341

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Thomas Lindsay

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luther Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to June 26 1908 that I last saw him alive on June 26 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion —

(DURATION) DAYS

(Signed) H. K. Baker M.D.

Address Bay View Asylum

Date June 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 27 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

12 V

HEALTH DEPARTMENT, City of Baltimore.

C13342 C13342

Ward 9 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1914 N. Castle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Dennard. Scally (Scally)

{Residence, if in Baltimore, Give Street and Number.} 1914 N. Castle.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR W.

DATE OF BIRTH Dec 20 1907

AGE ..... years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Leo B Scally

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Catherine Finn

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Scally

(Address) 1914 N. Castle

Filed 6/29 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June — 28th — 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 28th 1908

that I last saw h alive on June 27 1908

and that death occurred, on the date stated above, at 6.30 M. CAUSE OF DEATH (Secondary or Immediate

Summer. Diarrhoea.

(DURATION) DAYS

Contributory (Primary.) Malnutrition

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1419 E. Eager st

Date June. 28th 1908

Place of Burial Cathedral Cem.

Date June 30/08 190

Undertaker Lowe Roop

Address 202 E Madison

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C13343 Registered No. B C13343

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 16 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John Scott

{ Residence, if in Baltimore, Give Street and Number. } 16 S. Monroe Str.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Unknown 1829

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Scott

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Clark

(Address) 16 S. Monroe St

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to June 26 1908 that I last saw him alive on June 26 1908 and that death occurred, on the date stated above, at 9 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy —

— (DURATION) — DAYS

Contributory (Primary) Arterio Sclerosis & Senility — (DURATION) 2 or 3 minutes DAYS

(Signed) Geo. W. Mahle M.D.

Address 1903 W Baltimore St.

Date June 27 1908

Place of Burial Cathedral Cemetery

Date June 30 1908

Undertaker Dan'l & Margt. G. Filyaw

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21

C13344

Registered No. B C13344

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 1335 James St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael E Gleason

{Residence, if in Baltimore, Give Street and Number.} 1335 James St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Rodger Gleason

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Winifie Butler

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip J Gleason

(Address) 1335 James St

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to June 26 1908 that I last saw him alive on June 26 1908, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

one year (DURATION) DAYS

Contributory (Primary.) Tachycardia & Collapse (DURATION) 1 DAYS

(Signed) Jos. E. O'Mara M.D.

Address 853 Columbia ave

Date June 27. 1908

Place of Burial St Peters

Date June 30th 1908

Undertaker John Field

Address 1200 W. Lombard st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13345 Registered No. B C13345

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 406 Wehage St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Geo. Franklin Clarke

{Residence, if in Baltimore, Give Street and Number.} 406 Wehage St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 2nd 1908

AGE ... years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank G. Clarke

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Eva Crowley

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F.G. Clarke

(Address) 406 Wehage

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28th 1908

I HEREBY CERTIFY, That I attended deceased from June 21st 1908 to June 28th 1908 that I last saw h.. alive on June 28th 1908, and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Gastro-enteritis

(DURATION) 16 DAYS

(Signed) C. F. Hawkins M.D.

Address 1608 Light St.

Date June 28th 1908

Place of Burial London Park

Date June 29 1908

Undertaker John Tabler & Son

Address 1202 Williams

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C48346

105

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1461, Garrett Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Kazlowska (Kazlowska)

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Michael Kazlowsky

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Kazlowska

(Address) 1416 Garrett Ave

Filed 6/29 1908

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 25 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 25 1908 that I last saw h.. alive on June 25 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Brain hemorrhage
meningitis.

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. Mackenzie Jr. M. D.

1908 (Address) 814 Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	June 30 1908
UNDERTAKER	**ADDRESS**
Frank Grack	1904 Eutaw

WM. J. C. DULANY CO., BALTIMORE

Ward 8 — Registered No. B C13347 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618, East Biddle St. — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Coughlan Gray

{Residence, if in Baltimore, Give Street and Number.} 1618, East Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F — COLOR: W

DATE OF BIRTH: Feb 5 1906

AGE: 2 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm R. Coughlan

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Helen J. Gray

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R Coughlan

(Address) 1618, E. Biddle St

Filed 6/29 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to June 28 1908

that I last saw h alive on June 28 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from

Gastro-Enteritis

(DURATION) 6 DAYS

Contributory (Primary.) ~~Gastro-Enteritis~~

(DURATION) DAYS

(Signed) Richard Allegheny M.D.

Address 20. West Preston St

Date June 28 1908

Place of Burial Loudon Park

Date June 30th 1908

Undertaker David H. McLean Co

Address 833 Linden Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C13348 Registered No. B C13348

CERTIFICATE OF DEATH. 34

(Place of Death.) No. 310 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elsie L. Witte

{Residence, if in Baltimore, Give Street and Number.} 310 N Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 24 1887

AGE: 21 years, 1 months, 4 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry W. Witte

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Minnie Fulda

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry W. Witte

(Address) 210 N. Broadway.

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from May 24 1908 to June 28 1908

that I last saw h[er] alive on June 26 1908

and that death occurred, on the date stated above, at 12 30 a M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis

(DURATION) 4 Months

Con'ributory (Primary.) Exhaustion, Dyspepsia (DURATION) 3 Weeks DAYS

(Signed) M. A Fuller M.D.

Address 12 E 25th St

Date June 28 1908

Place of Burial Baltimore. Cem.

Date JUL 1 1908 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY,

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16th X

C13349 Registered No. B C13349

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Otto

{ Residence, if in Baltimore, Give Street and Number. } 405 Third st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 6 1898

AGE: 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Hugo Otto

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Martha Frankenbach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugo Otto

(Address) 405 Third st

Filed 6/29 1908

Registrar Highlandtown Balto Co

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture Base of Skull

(Cerebral Haemorrhage)

(DURATION) DAYS

Contributory (Primary.) Accident- Kicked by Horse (DURATION) DAYS

(Signed) Ronald T. Atkinson M.D.

Address Coroner

Date June 28, 1908.

Place of Burial Schwartz Cemetery

Date June 30. 1908

Undertaker Albert E Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

C13350 Registered No. B

CERTIFICATE OF DEATH.

C13350/05

(Place of Death.) No. 614 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Brock

{ Residence, if in Baltimore, Give Street and Number. } 616 S. Ann St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 17 1908

AGE: — years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cecil

FULL NAME OF FATHER: Frank Brock

BIRTHPLACE OF FATHER (State or country): Cecil

MAIDEN NAME OF MOTHER: Mary Gontzyka

BIRTHPLACE OF MOTHER (State or country): Cecil

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brock

(Address) 616 S. Ann St

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 29 1908 that I last saw h[illegible] alive on June 29 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Spinal Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) Atrophia Infantum

(DURATION) 3 wks

(Signed) A.A. Bondick M.D.

Address 1806 E. Baltimore St

Date June 29 1908

Place of Burial Holy Rosary.

Date June 30 1908

Undertaker Joseph Zborowski

Address 1703 Alice Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13351 ~~C13351~~

Ward ..... Registered No. **B** .....

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wallace Conway

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1839

AGE 69 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Solomon Conway

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Anna M Elroy

BIRTHPLACE OF MOTHER (State or country) NJ

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/29 190 8 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 190 8

I HEREBY CERTIFY, That I attended deceased from Jan 16 190 8 to June 27 190 8

that I last saw h.. alive on June 27 190 ....., and that death occurred, on the date stated above, at 9.30 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease —

— (DURATION) ..... DAYS

Contributory (Primary.) Ex Lassitude — (DURATION) ..... DAYS

(Signed) W. H. Elroy M.D.

Address Bay View

Date June 27 1908

Place of Burial Balto Cemetery

Date June 30 1908

Undertaker Jos B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., Baltimore.

Ward 6 C13352 Registered No. B C13352

CERTIFICATE OF DEATH.

41

(Place of Death.) No. 2822 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Kauffman

{Residence, if in Baltimore, Give Street and Number.} Harrisburg, Pa.

Duration of Residence in Baltimore. 1 mth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH June 9 1843

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER John Wm. Dean

BIRTHPLACE OF FATHER (State or country) Penn.

MAIDEN NAME OF MOTHER Jane Kirk

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. G. Kauffman

(Address) 1821 Fulton St. Harrisburg Pa.

Filed 6/29 1908

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 28 1908

that I last saw h-- alive on June 28 1908,

and that death occurred, on the date stated above, at 11.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 1 DAYS

Con'tributory (Primary.) Carcinoma of Large Intestine (DURATION) DAYS

(Signed) J. M. Pierson M.D.

Address 2806 E Balto St.

Date June 29 1908

Place of Burial Harrisburg, Penn.

Date June 30th 1908.

Undertaker Jno. A. Orman

Address Bank & annex

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

C13353

Ward 24

Registered No. B C13353

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 507 S. Collington av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Jakubowski

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 22 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 30 1841

AGE: 66 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Bernard Jakubowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anne Cybulska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Jakubowska

(Address) 507 S. Collington av

Filed 6/29 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 15 1908

that I last saw h in alive on June 15 1908,

and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or immediate)

Nephritis (DURATION) 30 DAYS

Contributory (Primary.) Cardiac

Insufficiency (DURATION) 10 DAYS

(Signed) J. J. Szukalski M.D.

Address 1718 Bank st

Date June 29 1908

Place of Burial St Stanislaus.

Date Wed July 1st 1908

Undertaker M. F. Sadowski.

Address 708 S. Ann St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13354 Registered No. B C13354

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 934 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Lee Howe

{Residence, if in Baltimore, Give Street and Number.} 934 Greenmount Ave

Duration of Residence in Baltimore. 5 Months 15 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan - 14th 1908

AGE: ..... years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Howe

BIRTHPLACE OF FATHER (State or country): Ireland -

MAIDEN NAME OF MOTHER: Emma Mc Bride

BIRTHPLACE OF MOTHER (State or country): Baltimore Md -

OCCUPATION OF DECEASED: None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Howe

(Address) 934 - Greenmount Ave

Filed 6/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 28, 1908 to June 29 1908 that I last saw h[illegible] alive on June 28 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Acute gastro intestinal catarrh

(DURATION) 1 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Bernard Wess M.D.

Address 825 E Chase St

Date June 29 1908

Place of Burial St - Peters

Date June - 30 th 1908

Undertaker Dyer & Gaudlitz

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C13355 — Registered No. C C13355

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1716 Crystal Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hufnagel

Residence, Give Street and Number, 1716 Crystal Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: May 1st 1907

AGE: 1 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Cuba

FULL NAME OF FATHER: Michael Hufnagel

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Margaret Rosenberger

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Michael Rosenberger

(Address) 1716 Crystal Ave

Filed 6/29 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 28 1908

that I last saw her alive on June 28 1908

and that death occurred, on the date stated above, at 9 00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Meningitis

(DURATION) 4 DAYS

Contributory (Primary) Convulsions

Exhaustion (DURATION) 4 DAYS

(Signed) A. D. Macdonald M. D.

Address 1540 N Broadway

Date June 28 1908

Place of Burial Hebb. Redeemer

Date June 30 1908

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C13356 Registered No. B C13356

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Julia Franklin

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: June 9 1908	
AGE: ..... years, ... months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum

(Address)

Filed 6/29" 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 9 1908 to June 28 1908 that I last saw h.. alive on June 25 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. S. Finlen M.D.

Address 9. E. Biddle St.

Date June 29 1908

Place of Burial New Cathedral

Date June 29 1908

Undertaker Martin Fahy and Son

Address 626 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C13357

Ward 14 C13357 Registered No. B

CERTIFICATE OF DEATH. 157

(Place of Death.) No. St. Vincents Industrial Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Cleveland

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Ind. Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH June 1 1905

AGE ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Ind Asy

(Address)

Filed 6/29" 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 27 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. S. Fisher M.D.

Address 9. E. Biddle St.

Date June 28th 1908

Place of Burial New Cathedral

Date June 29 1908

Undertaker Martin Fahey and Son

Address 416 Light alley

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C13358

C13358

Ward 14 Registered No. B

45

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Jordan

{ Residence, if in Baltimore, Give Street and Number. } Clifton Forge. Va.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Unknown 1

AGE 64 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Zimmerman

(Address) Leesburgh.

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29, 1908.

I HEREBY CERTIFY, That I attended deceased from June 23, 1908 to June 29, 1908 that I last saw her alive on June 29 1908, and that death occurred, on the date stated above, at 1:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure — dilatation of R. side.

(DURATION) DAYS

Contributory (Primary.) Carcinoma of thyroid (DURATION) DAYS

(Signed) Virginia Worth, Jr. M.D.

Address Union Protestant Inf.

Date June 29, 1908.

Place of Burial Leesburgh Va

Date June 30 1908

Undertaker Wm. Cook.

Address 926 North Av.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18

C13359

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. Thos. Wilson Lane Corner 718 N. Castle St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Hvorak Dvorak

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Dvorak

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Dvorak

(Address) 718 N. Castle st

Filed 6/30 "1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 27-VI 1908 to 28 VI 1908

that I last saw h alive on 28 VI 1908,

and that death occurred, on the date stated above, at 8.30 P.M. The CAUSE OF DEATH was as follows:

Erysipelas

(DURATION) 4 DAYS

Contributory Pneumonia

(DURATION) ..... DAYS

(Signed) Henrietta M. Thomas M.D.

29 VI 1908 (Address) 1718 Wilson St. Balto.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 118 N. Castle St. How long at Place of Death? 1 Day

Where was disease contracted, if not at place of death? Home

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 30 1908

UNDERTAKER: Frank Couch & Son — ADDRESS: 1904 Eastland

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C13360

Registered No. B.....

City of Baltimore, (No. 1633, Patterson Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ferdinand Chenoweth. ~~Not Named~~

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: June (Month) 29 (Day), 1908 (Year)	
AGE: — years, 4 hours. months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Geo. Milton Chenoweth
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Clara Louise Lehnert.
BIRTHPLACE OF MOTHER (State or country)	Balto Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Milton Chenoweth

(Address) 1633 Patterson Ave

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him alive on June 29 1908,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Premature birth.

— (DURATION) — DAYS

Contributory not known.

— (DURATION) — DAYS

(Signed) H. H. Arthur M. D.

June 29 1908 (Address) 1516 Wheeling St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Comty.	June 30 1908
UNDERTAKER	ADDRESS
Wm. E. Chenoweth	919 Hollins

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C13361 Registered No. B C13361

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 142 N Front St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Child of Martha Caplan

{ Residence, if in Baltimore, Give Street and Number. } 141 N. Front St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 25 1908

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: mutuk caplan

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jennie caplan

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ab. Erlich

(Address) 142 N. Front St

Filed 6/30 1908

HARRY O. ANDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 29 1908 that I last saw h.. alive on June 28 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Insanition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm J Schultz M.D.

Address City Hospital

Date June 29 1908.

Place of Burial Phila rd. Woodlawn

Date June 30. 1908

Undertaker Mrs Leinsen

Address 1620 N.C. Eldersly st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 W 4 C13362 Registered No. B C13362.

CERTIFICATE OF DEATH. 19

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachael Harris

{ Residence, if in Baltimore, Give Street and Number. } Catonsville Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward Harris

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nancy Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy Harris

(Address) Catonsville Md

Filed June 30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 28 1908

I HEREBY CERTIFY, That I attended deceased from April 18 1908 to June 28 1908

that I last saw h alive on June 28 1908

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

acute Dilatation of Heart

(DURATION) DAYS

Con'ributory (Primary,) Acute rheumatism

Dissuffference (DURATION) DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date June 28 1908

Place of Burial Harris Cem Catonsville

Date July 1" 1908

Undertaker Robert Elliott

Address 306 Forest Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C13363 Registered No. B C13363

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 Talbot St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Loretta Anderson

{Residence, if in Baltimore, Give Street and Number.} 222 Talbot St

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ....years, 1 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robert Hammand

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Dasey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dasey

(Address) 22 Talbot

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908.

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 28 1908

that I last saw h-er alive on June 28 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or immediate.)

General Debility.

(DURATION) ....DAYS

Con'ributory (Primary.)

(DURATION) ....DAYS

(Signed) R. H. G. Schmidt M.D.

Address 424 East 23 St

Date June 29. 1908.

Place of Burial Laud County

Date June 30. 1908

Undertaker R. K. Gilliatt

Address R 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C 13364

C13364

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 241 W. Biddle St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gabriella DeVeaux Clements

Residence, Give Street and Number, 241 W Biddle St

Duration of Residence in Baltimore, 13 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: September 12th 1816

AGE: 91 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Pineville South Carolina

FULL NAME OF FATHER: Stephen DeVeaux

BIRTHPLACE OF FATHER (State or county): South Carolina

MAIDEN NAME OF MOTHER: Anne Peyre

BIRTHPLACE OF MOTHER (State or county): South Carolina

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gabrielle DeVeaux Clements

(Address) 241 W. Biddle st

Filed 6/30 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from December 1907 to June 29 1908

that I last saw her alive on June 29 1908

and that death occurred, on the date stated above, at 8.24 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage

(DURATION) 9 DAYS

Contributory (Primary) old age

(DURATION) DAYS

(Signed) Mary Sherwood M. D.

Address The Arundel Baltimore Md

Date June 29 1908

Place of Burial Charleston S. C.

Date June 30 /08

Undertaker Wm T. Hartley

Address 2010 E. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13365 . Registered No. B C13365

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 767 Hoven St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mary Walton

{Residence, if in Baltimore, Give Street and Number.} 769 Hoven Street

Duration of Residence in Baltimore. 15 minutes

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Black
DATE OF BIRTH	June 27 1908
AGE ....years, ...months, 15 minutes days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/30 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to June 27 1908 that I last saw him alive on June 27 1908, and that death occurred, on the date stated above, at 9.16 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Prematurity

.....(DURATION).....DAYS

Contributory (Primary.) Prematurity

.....(DURATION).....DAYS

(Signed) Robt T Bay M.D.

Address 5 Cap Vaju

Date June 28 1908

Place of Burial JOHNS HOPKINS HOSPIT

Date JUN 29 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1 2 3

Ward 7 C13366 Registered No. B C13366

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 604 X alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fredrick Day.

{ Residence, if in Baltimore, Give Street and Number. } 604 X alley.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Black

DATE OF BIRTH 1

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 21 1908 to June 29 1908 that I last saw h[illegible] alive on June 29 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus. (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C. Hall Cushing M.D.

Address 803 S. Stricker St.

Date June 29th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 29 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPO

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

123

.. Ward ..... Registered No. B C13367

C13367

CERTIFICATE OF DEATH.

47

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Smith

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 6/30 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7 1907 to June 27 1908

that I last saw h alive on June 27 1908,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

..... (DURATION) — DAYS

Contributory (Primary.) Sepsis & Exhaust

..... (DURATION) ..... DAYS

(Signed) D H Kehn M.D.

Address Bay View A -

Date June 28 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 29 1908 190

Undertaker G L Hurley

Address 931 N. Monument St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

C13368

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C13368

Registered No. B.....

City of Baltimore, (No. 117 N. Greene St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Brunner.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH April 1st 1824. (Month) (Day) (Year)

AGE 84 years, 2 months, 28 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower.

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Retired Carrier.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. G. Frazer M.D.

(Address) 662 W. Lexington St.

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28. 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 28. 1908

that I last saw him alive on June 28 1908.,

and that death occurred, on the date stated above, at .....

I. The CAUSE OF DEATH was as follows:

Infirmities of Age.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) John L. G. Frazer, M. D.

June 29 1908. (Address) 662 W. Lex. St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Holy Redeemer — DATE OF BURIAL July 1 1908

UNDERTAKER Jos. Stumbaugh — ADDRESS 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

74 105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13369

City of Baltimore, (No. 1315, Corkscie St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Reires (Reives)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November - 1907
(Month) (Day) Year)

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Walter Reires

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Laura Hughes

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Reires

(Address) 1315 Corkscie

Filed 6/30 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 F 1908 to June 28 1908 that I last saw h[im] alive on June 27 1908, and that death occurred, on the date stated above, at 10:25 P. M. The CAUSE OF DEATH was as follows:

Cholera infantum

(DURATION) 20 DAYS

Contributory Gastro Enteritis

(DURATION) 7 DAYS

(Signed) Jennie R. Brown M. D.

June 29 1908 (Address) 1223 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL St. Marys (H) | DATE OF BURIAL June 30 1908

UNDERTAKER Jos. Stumtebeck | ADDRESS 1318 Light St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C13370 Registered No. B C13370

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Foot of Martin St Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Witte

{Residence, if in Baltimore, Give Street and Number.} 1438 Richardson St

Duration of Residence in Baltimore. 17yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 18 1900

AGE 8 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Hungary.

FULL NAME OF FATHER Henry Witte

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Rankoff

BIRTHPLACE OF MOTHER (State or country) Hungary.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Witte father

(Address) 1438 Richardson St.

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....;

and that death occurred, on the date stated above, at 4.30 M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date June 30 1908

Place of Burial Cedar Hill

Date June 30 1908

Undertaker Jos. Hunteloch

Address 818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C13371

14

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hedly Reck

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE 86 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) .

OCCUPATION OF DECEASED Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Hollyday.

(Address) BAY VIEW ASYLUM.

Filed 6/30 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 9 1908 to June 29 1908 that I last saw h im alive on June 29 1908 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery.

(DURATION) 7 DAYS

Contributory (Primary.) Stricture of Urethra

(DURATION) 4 DAYS

(Signed) W. H. Baker M.D.

Address Bay View A.

Date June 29 1908

Place of Burial Union Bridge Cemetery

Date 7-1 1908

Undertaker Robt. Brokenborough

Address 1204 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B 013372

013372

CERTIFICATE OF DEATH.

13

(Place of Death.) No. 838 St. Peter st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Kaufman

{ Residence, if in Baltimore, Give Street and Number. } 838 St. Peter st.

Duration of Residence in Baltimore. 47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 5 1850

AGE: 57 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Herman Schaefer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Hammel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kaufman

(Address) 838 St. Peter st

Filed 6/30 1908

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to June 29 1908

that I last saw h[illegible] alive on Jun 28 1908 at 1.30

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date 6/7 1908

Place of Burial Baltimore Cemetery

Date July 1st 1908

Undertaker James Dinan & Son

Address 457 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13373 Registered No. B C13373

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 411 S. Edew St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Edward McElroy

{Residence, if in Baltimore, Give Street and Number.} 411 S. Edew St. (McElroy)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 6th 1905

AGE: 2 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Peter J. McElroy

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Repp

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth McElroy

(Address) 411 S. Eden St.

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Balto June 28 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to June 28 1908

that I last saw him alive on June 28 1908

and that death occurred, on the date stated above, at 10 20 M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis (DURATION) 4 DAYS

Contributory (Primary)

Coma (DURATION) DAYS

(Signed) R. L. Kirk M.D.

Address 1610 E Balto St

Date Balto June 29th 1908

Place of Burial Holy Cross Cem

Date June 30 1908

Undertaker R. Lundie & Sons

Address 510 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 C13374 Registered No. B C13374

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1819 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Sontrup (Swartrup)

{ Residence, if in Baltimore, Give Street and Number. } Ref.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 8 1907

AGE 6 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Sontrup

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Bertha Brotzda

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Sontrup

(Address) 1819 Ashland Ave

Filed 6/30 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29. 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to June 29 1908 that I last saw him alive on " 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac Exhaustion (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address Govans Baltimore Co

Date June 29 - 08. 1908

Place of Burial Oak Hill Cem.

Date June 30 1908

Undertaker Geo M. Funk

Address 811 N Wolfe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C13375 Registered No. C C13375

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 309 Forrest st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Dixon

Residence, Give Street and Number, 309 Forrest st

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: ... 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: James Brown

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary Myers

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dixon

(Address) 309 Forrest st

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1908 to June 29 1908

that I last saw her alive on June 29 1908

and that death occurred, on the date stated above, at 4.40 P.M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) 5 DAYS.

Contributory (Primary) Arterio Sclerosis

(DURATION) ? DAYS

(Signed) H M Stowe M. D.

Address 2229 Federal st

Date June 30 1908

Place of Burial Laurel Cemetery

Date July 2. 1908

Undertaker R St C Flint

Address 506 Rogers

Remarks

Ward 5 C13376 Registered No. B C13376

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 429 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella King

{Residence, if in Baltimore, Give Street and Number.} Dont Know

Duration of Residence in Baltimore. " "

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	June 29 1908
AGE	years, 6 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	——
BIRTHPLACE (State or country)	Dont Know
FULL NAME OF FATHER	" "
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	" "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Peterson M.D.

(Address) 1103 N. Eden St

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

1/4

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 2 1908 to June 29 1908

that I last saw he alive on the 29 1908 at 7.30 A.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Marasmus about 4 WEEKS (DURATION)

Contributory (Primary) Inherited Disorder (DURATION) DAYS

(Signed) E. E. Peterson M.D.

Address 1103 N. Eden St

Date June 29 1908

Place of Burial JOHNS HOPKINS HOSPITAL JUN 29 1908

Date 190

Undertaker Commissioner Health. Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C13377 Registered No. B C13377

CERTIFICATE OF DEATH. 36

(Place of Death.) No. 808 N. Spring St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Baby Ballard.
Infant of Lottie "

{ Residence, if in Baltimore, Give Street and Number. } 808 N. Spring.

Duration of Residence in Baltimore. 4 hrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: June 29 1908

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. Thomas Ballard

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Lottie Green

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to June 29 1908 that I last saw h[illegible] alive on June 29 1908, and that death occurred, on the date stated above, at 1 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Lues —

..... (DURATION) ..... DAYS

Contributory (Primary.) Premature Birth — (DURATION) ..... DAYS

(Signed) W O Pauli M.D.

Address J. H. H.

Date June 29 — 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 29 1908 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1 2

Ward ..... C13378 Registered No. B C13378

21

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 W. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Landing (Landing)

{Residence, if in Baltimore, Give Street and Number.} 212 W. Chase St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Bushy

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Landing

(Address) 212 W Chase

Filed 6/30 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/28 1908.

I HEREBY CERTIFY, That I attended deceased from 6/24th 1908 to 6/28 1908 that I last saw h[illegible] alive on 6/27 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pneumonia & Peritonitis

Some weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edw. Magruder M.D.

Address 922 Madison Ave.

Date June 29, 1908.

Place of Burial Laurel

Date July 1st 08 1908

Undertaker E. Hammond Dough

Address 1364 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13379 Registered No. B C13379

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1240 Hare St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Winiecki

{Residence, if in Baltimore, Give Street and Number.} 1240 Hare St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph Winiecki.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Maggie Socak.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Winiecki.

(Address) 1240 S. Hare St

Filed 6/30 1908 HARRY C. ANDREWS PERUIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to June 29 1908 that I last saw her alive on 11 29 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

4 (DURATION) DAYS

Contributory (Primary) Exhaustion

— (DURATION) DAYS

(Signed) C. S. Neer M.D.

Address 619 Baltimore Pearl Av

Date June 29 1908

Place of Burial St Stanislaus.

Date Tuesday June 30 1908

Undertaker M. F. Radowski

Address 703 S. Conn St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B C13380

City of Baltimore, (No. 936, Burgundy Alley; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick H. Ballman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 30 1907 (Month) (Day) (Year)

AGE: 5 years, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Ernest A. Ballman

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN-NAME OF MOTHER: Lottie Syble.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest A Ballman

(Address) 936 Burgundy Al

Filed 6/30 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 28 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to June 28 1908

that I last saw h— alive on June 28 1908,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Marasmus

Lack of general nourishment (DURATION) 60 DAYS

Contributory General weakness, (DURATION) DAYS

(Signed) B. F. Cruech M. D.

June 28 1908 (Address) 1514 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: June 30 1908

UNDERTAKER: Ph. J. Dallofson ADDRESS: 746 Columbia

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 C13381 Registered No. B 63

CERTIFICATE OF DEATH.

(Place of Death.) No. 176 E. Preston St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Josephine Robinson

{Residence, if in Baltimore, Give Street and Number.} 176 E. Preston St

Duration of Residence in Baltimore. 75 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 22 1855

AGE 53 years, 5 months, 8 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER R.D. Hartshorne

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Margaret Ewing

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J.H. Robinson

(Address) 176 E. Preston St.

Filed 6/30 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to June 30 1908 that I last saw h[er] alive on June 30 1908, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Coma & Exhaustion, due to tumor of vertebrae

2 (DURATION) DAYS

Contributory (Primary.) Paraplegia

about 300 (DURATION) DAYS

(Signed) J.H. Robinson M.D.

Address 176 E. Preston St

Date June 30 1908

Place of Burial Pittsburg Pa

Date July 1st 1908

Undertaker H.C. Windefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C13382 Registered No. B C13382

80

CERTIFICATE OF DEATH.

(Place of Death.) No. 2438 Druid Hill ave St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham H Geisman

{Residence, if in Baltimore, Give Street and Number.} 2438 Druid Hill ave

Duration of Residence in Baltimore. about 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Aug 1st 1843

AGE: 64 years, 10 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jacob Geisman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Julia Ann Kains

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Saddle Hamma

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W E Geisman

(Address)

Filed 6/20 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1908

I HEREBY CERTIFY, That I attended deceased from June 22d 1908 to June 29th 1908 that I last saw him alive on 29th 1908, and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Angina Pectoris

(DURATION) DAYS

(Signed) E. S. Shower M.D.

Address 1224 N. Nath ave

Date June 29th 1908

Place of Burial Westminster Bza

Date July 1st 1908

Undertaker Stewart & Brown Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13383 C13383

Ward 15 Registered No. B

CERTIFICATE OF DEATH 79

(Place of Death.) No. between W. M. & Rdg Lexington Rd Grace Cor Arlington, Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Calvin C. Mister.

{ Residence, if in Baltimore, Give Street and Number. } Grace Cor Arlington

Duration of Residence in Baltimore. 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 2 1858

AGE: 49 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Lewis F. Mister

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary E. Anderson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. E. Blackwell

(Address) Grace Cor

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 - 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 29 1908.

that I last saw h[illegible] alive on June 29 1908,

and that death occurred, on the date stated above, at 10.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of the heart (Mitral.)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. T. Hardesty M.D.

Address 814 E. Baltimore

Date June 29 1908

Place of Burial Druid Ridge Cemetery

Date July 1st 1908

Undertaker Stewart Hearse Co

Address 215 & 217 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C13384 Registered No. B C13384

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H. Feldman

{ Residence, if in Baltimore, Give Street and Number. } 1631 Eutaw Pl

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 6/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 19 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to June 19 1908 that I last saw h[illegible] alive on June 19 1908, and that death occurred, on the date stated above, at 7 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay V. A.

Date June 19 1908

Place of Burial Baltimore Co.

Date July 1 08 1908

Undertaker Wm Cook

Address 502 E Northam

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13385 Registered No. B C13385

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1801 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Holmes Weidenhammer

{ Residence, if in Baltimore, Give Street and Number. } 1801 Ramsay St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 19th 1907

AGE ..... years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Henry Weidenhammer

BIRTHPLACE OF FATHER (State or country) Balt Md

MAIDEN NAME OF MOTHER Mary Westphal

BIRTHPLACE OF MOTHER (State or country) Balt Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Weidenhammer

(Address) 1801 Ramsey St

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to June 29 1908 that I last saw h.. alive on June 29 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Cholera Infantum

(DURATION) 3. DAYS

(Signed) Henry Boyd M.D.

Address 634 Columbia

Date June 30 1908

Place of Burial London Park Cemetery

Date June 1" 1908

Undertaker Geo Lewin Sons

Address 607 N. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C13386

C13386

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1149 Walbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara A. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1149 Walbrook St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John W. Johnson

BIRTHPLACE OF FATHER (State or country): Kentucky

MAIDEN NAME OF MOTHER: Clara Myers

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Johnson

(Address) 1149 Walbrook St

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.. and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Intussusception

from birth (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bacon M.D.

Address 700 Lag. Ave. (Evening)

Date June 30th 1908

Place of Burial Mt Auburn

Date June 30 1908

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C13387 Registered No. B C13387

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 532 Hillman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. H. Sherwood

{Residence, if in Baltimore, Give Street and Number.} ~~532 Hillman St~~ 1614 Caro St

Duration of Residence in Baltimore. Sixteen years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 1 Unknown 1

AGE: about 46 yrs ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jeremiah Sherwood.

(Address) 1614 Caro St

Filed 6/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 21st 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Hypertrophy of Heart

Unknown (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. Av. (Corner)

Date June 25th 1908

Place of Burial Mt Auburn

Date June 30 1908

Undertaker Wm J. Johnson

Address 614 Baker.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13388

Ward 8. C13388 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Stoke Knight - Col -

{ Residence, if in Baltimore, Give Street and Number. } 1914 Orleans St. Corrected by Informant

Duration of Residence in Baltimore. Unknown.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: 1

AGE: 30 years, ... months, ... da

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md Gen. Hospital

(Address)

Filed 6/30 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29, 1908

I HEREBY CERTIFY, That I attended deceased from June 23, 1908 to June 29, 1908 that I last saw h.. alive on June 29, 1908, and that death occurred, on the date stated above, at 12 M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Traumatic Pneumothorax

(DURATION) 6 DAYS

Contributory (Primary.) * Accident

which was (DURATION) 6 DAYS

(Signed) Robt W. Johnson M.D.

Address 1010 W Franklin

Date June 29. 1908

Place of Burial Berkeville Va.

Date June 30, 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

* Accidentally Crushed under Elevator - A.D.T.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C13389 Registered No. B C13389

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Fortune

{ Residence, if in Baltimore, Give Street and Number. } 1003 Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: John Queen

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Manervey Fortune

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Manervey Fortune

(Address) 1003 Bruce St.

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage

from Ins ..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Bacoman M.D.

Address 700 Lafayette Ave (Evening)

Date June 30th 1908

Place of Burial Laurel

Date June 30, 1908

Undertaker R. F. Elliott

Address 305 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13390 Registered No. B

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2502 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Lee Moss (DeMoss)

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm W Holloway

BIRTHPLACE OF FATHER (State or country) Hanford Md

MAIDEN NAME OF MOTHER Amelia W Walstrum

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise St Moss

(Address) 2502 York Road

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 27 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at ..... P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy (DURATION) 3 hrs. DAYS.

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Lewis Luetkemeyer M.D.

Address 1804 Chas. Ave

Date June 30 190.

Place of Burial Loudon Pk

Date July 1st 1908

Undertaker John E Hauch

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13391 Registered No. B C13391

CERTIFICATE OF DEATH.

(Place of Death.) No. Balt. City Hosp. (St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McPoland

{Residence, if in Baltimore, Give Street and Number.} 104 Montebello ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1867

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Daniel J. Poland.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Rondon

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas J. McPoland

(Address) 104 Montebello Ave

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28 1908

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to June 28 1908

that I last saw h.. alive on June 28 1908,

and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion —
Cardiac
Aortic
regurgitation

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thos. J. McInerney M.D.

Address City Hosp

Date June 28 1908

Place of Burial New Cathedral

Date July 1 1908

Undertaker P. F. Kelly

Address 2113 Greenmount ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C13392 Registered No. B C13392

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry H Gentman

{ Residence, if in Baltimore, Give Street and Number. } 402 Gaudin Ave.

Duration of Residence in Baltimore. — life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Oct 27-1850

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Henry Monroe Gentman

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Georgiana Elizabeth

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dalyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 29 1908 that I last saw h in alive on June 29 1908 and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis & Cystitis

(DURATION) 1 DAYS

Contributory (Primary.) Grippe

(DURATION) 3 DAYS

(Signed) H H Eshn M.D.

Address Bay View Asylum

Date June 29 1908

Place of Burial Druid Ridge

Date July 1st 1908

Undertaker C A Weidefeld & Co

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13393 Registered No. B C13393

CERTIFICATE OF DEATH.

(Place of Death.) No. 435 W. Biddle St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mrs. Etha Neumann

{ Residence, if in Baltimore, Give Street and Number. } 435 W. Biddle St. Neuman

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Color- Am

DATE OF BIRTH 1860 1

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER –

BIRTHPLACE OF FATHER (State or country) –

MAIDEN NAME OF MOTHER –

BIRTHPLACE OF MOTHER (State or country) –

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. M. Johnson

(Address) 578 W. Biddle St

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6/28 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to June 28 1908 that I last saw h[illegible] alive on June 27 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Acute Gross (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address Pikesville, Md.

Date 6/29 1908

Place of Burial Mt Auburn Cem

Date July 1st 1908

Undertaker Alex. Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B C13394

C13394

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 Marriott St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Koch.

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ 2 Marriott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 10th 1908

AGE: — years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Emma Koch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Koch.

(Address) 2 Marriott St

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to June 29 1908 that I last saw her alive on June 29 1908, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteritis

(DURATION) 2 DAYS

Contributory (Primary.) Asthenia

(DURATION) 18 DAYS

(Signed) Asa L Dessels M.D.

Address 510 Frederick Ave

Date June 29 1908

Place of Burial St. Peter's Cem

Date June 30th 1908

Undertaker Wm B Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C13395 Registered No. B C13395

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 north Scharles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Maria Thomas

{Residence, if in Baltimore, Give Street and Number.} 529 north Scharles St

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 10 1817

AGE 91 years, 4 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Talbot Co Md

FULL NAME OF FATHER Samuel Chamberlain

BIRTHPLACE OF FATHER (State or country) Talbot Co Md

MAIDEN NAME OF MOTHER Arrianna Davis

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta M. Trippe

(Address) 529 N. Scharles St

Filed 6/30 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29, 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw her alive on June 28 1908,

and that death occurred, on the date stated above, at 1:00 P. M. CAUSE OF DEATH (Secondary or Immediate)

old age

no special disease. Had been failing for some time.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Shearer M.D.

Address 103 W. Franklin St.

Date June 30 1908

Place of Burial Easton Talbot Co Md

Date July 1st 1908

Undertaker Harr Jenkins & Sons Co

Address 808 W Madison St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — Registered No. B C13396

C13396

CERTIFICATE OF DEATH.

28

(Place of Death.) No. St. Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Madeline Mason

{ Residence, if in Baltimore, Give Street and Number. } St Patrus Clarew Church

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: June 29 1905

AGE: 3 years, 6 months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): ?

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H W Atkinson M.D.

(Address) St Josephs Hospital

Filed 6/30 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to June 29 1908

that I last saw her alive on June 29 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis

(DURATION) 12 DAYS

Contributory (Primary.) ___ (DURATION) ___ DAYS

(Signed) J W Hartman Per H.W Atkinson M.D.

Address 1003 W. Lanvale St

Date 6/30/08 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUN 30 1908 1908

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1 2 d

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C13397 Registered No. C 69

CERTIFICATE OF DEATH.

(Place of Death.) No. 933 Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick C. H. Fischer

Residence, Give Street and Number, 933 Eutaw St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Christian F. Fischer

BIRTHPLACE OF FATHER (State or county) City

MAIDEN NAME OF MOTHER Elizabeth Zink

BIRTHPLACE OF MOTHER (State or county) City

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian F. Fischer

(Address) 933 Eutaw St

Filed 6/30 1908 HARRY O. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 29. 1908

I HEREBY CERTIFY, That I attended deceased from 1896 to June 29. 1908

that I last saw him alive on June 29. 1908 and that death occurred, on the date stated above, at 1:45 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Epilepsy 12 years

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Wm. A. Hartman M. D.

Address 1131 N. Eutaw St.

Date June 29. 1908

Place of Burial Baltimore Cemetery

Date July 1st 1908

Undertaker Lemmon Steele Co

Address 301 E Eager St.

Remarks Patient has been afflicted with epilepsy for past 12 years following a fall from a fence, has had at times as many as 52 seizures in 24 hours, was almost idiotic & had gotten to that stage that only at rare intervals was I sent for. Yesterday he went into a stupor & slowly this morning they sent for me, but being detained I was late in getting to the house & he died before my arrival

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C13398 Registered No. B C13398

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 3020 West North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hamil W Roach -

{ Residence, if in Baltimore, Give Street and Number. } 3020 W North ave -

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jno J. Roach

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Sarah E Hamilton

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian V. Allen Lila

(Address) 3020 W North Ave

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June - 29 - 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to June 29 1908 that I last saw h im alive on June 29 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) ½ DAYS

Con'tributory (Primary) Lymphemia

Following Pleurisy (DURATION) 15 0 DAYS

(Signed) W W Stone M.D.

Address 806 N Fulton ave -

Date June 30 - 1908

Place of Burial BALTIMORE CEMETERY

Date JUL 1 - 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C13399 Registered No. B C13399

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 915. S. Caroline St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Adam Walczak

{Residence, if in Baltimore, Give Street and Number.} 915. S. Caroline St

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ——— 1 ———

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wladyslaw Smialkowski

(Address) 2437 Eastern Ave

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to June 29 1908

that I last saw him alive on June 29 1908

and that death occurred, on the date stated above, at 4 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis Interstitial (DURATION) about 1 mo. DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough St

Date June 30 1908

Place of Burial Holy Rosary

Date July 2 1908

Undertaker Wm Fialkowski

Address 424 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — Registered No. B C13400

C13400

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 211 N. Patterson Pk. Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary K. Nagengast

{Residence, if in Baltimore, Give Street and Number.} 211 N. Patterson Pk. Ave.

Duration of Residence in Baltimore. 51 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 7th 1835

AGE: 72 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Konig

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Nagengast

(Address) 211 N. Patterson Pk. Ave

Filed 6/30 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 28th 1908

I HEREBY CERTIFY, That I attended deceased from 1908 to June 28th 1908

that I last saw her alive on June 27th 1908

and that death occurred, on the date stated above, at 3.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Fibrinous Degeneration of Lungs

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. H. Biedler M.D.

Address 119 W. Saratoga St

Date June 28th 1908

Place of Burial Holy Redeemer Cemetery

Date July 2nd 1908

Undertaker Lilly and Zeiler

Address 703 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherin Askins

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life C 13401

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Black -

DATE OF BIRTH April 11 1908

AGE ..... years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home 2 Bx 2 Inch

Filed 6/30 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30, 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to June 29 1908 that I last saw h[illegible] alive on June 29 1908, and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St

Date June 30, 1908

Place of Burial Cathedral Cemetery

Date July 1 st. 1908

Undertaker Felix B Pyse

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C13402 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Fuller

{Residence, if in Baltimore, Give Street and Number.} —202 Inloes Alley.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C—

DATE OF BIRTH 1

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 6/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908.

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to June 29 1908 that I last saw h a alive on June 29 1908, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion.

(DURATION) — DAYS

(Signed) W. R. Eshner M.D.

Address B'V a.

Date June 29 1908

Place of Burial Mt. Auburn Cemetery

Date June 1st 1908

Undertaker Felix Pise

Address 122 E. Monument St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13403

City of Baltimore, (No. 119 Lesser Eagle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barnard Caplan

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: White
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: ..... years, 15 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Barn Caplan
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Minnie Blum
BIRTHPLACE OF MOTHER (State or country)	Russia.
OCCUPATION OF DECEASED	Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Caplan

(Address) 119 Lesser Eagle St

Filed 7/1 1903 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1905
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1905 to June ~~30~~ 28 1905 that I last saw h[im] alive on June 28 1905, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Encephalitis
Mental deficiency
Convulsions (DURATION) ~~10 mos~~ DAYS

Contributory Convulsions
(DURATION) 6 mos DAYS

(Signed) J. J. McKenna Jr. M. D.

1904 Confederate St. (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Lebanon	June 30 1905
UNDERTAKER	ADDRESS
Max Levinson	1620 N Eden St

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C13404 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 8/2 E Madison St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Gilbert Knight Knigton

{Residence, if in Baltimore, Give Street and Number.} 8/2 E Madison st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 10th 1908

AGE: — years, 1 month, 20 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Marion O Knight

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Julia H Piper

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion O Knight Father

(Address) 8/2 E Madison st

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to June 29 1908 that I last saw h.. alive on June 29 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion 3

3 (DURATION) DA

Con ributory (Primary.) Marasmus

Since birth (DURATION) DA

(Signed) J. H. Robinson M.

Address 726 E. Preston St

Date June 30 1908

Place of Burial Baltimore Cemetery

Date July 1st 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13405 Registered No. B C13405

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1309 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George L. Hindenach

{ Residence, if in Baltimore, Give Street and Number. } 1309 W. Pratt st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo B Hindenach

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Walter

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 7/1 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 30 1908

that I last saw h alive on June 30 1908

and that death occurred, on the date stated above, at 2 H. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro intestinal Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. L. Lamond M.D.

Address 1302 W Lombard st

Date June 30 1908

Place of Burial St Peters

Date July 1 1908

Undertaker John J Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13406 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 502 W. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl West

{Residence, if in Baltimore, Give Street and Number.} 502 W Lee St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH June 1 1907

AGE 1 years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Lewis West C

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Hattie Wolock C

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie West C (mother)

(Address) 502 W Lee St

Filed 7/1 1908 HARRY C. ANDREWS (PERMIT CLERK.) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h ~~alive~~ on ~~190~~,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Leonhardt M.D.

Address Coroner

Date June 30 1908

Place of Burial Laurel cemetery

Date July 1 1908

Undertaker Geo H Hooper

Address 609 Little Pacast

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13407 Registered No. B C13407

CERTIFICATE OF DEATH.

(Place of Death.) No. 346 S. Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Johanna Juister.

{ Residence, if in Baltimore, Give Street and Number. } 346 S. Smallwood St.

Duration of Residence in Baltimore. 7 mos. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 26, 1907

AGE — years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Martin Fred'k Juister

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Lillian Thompson Juister

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin F. Juister

(Address) 346 S. Smallwood St.

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 29 1908 that I last saw her alive on June 29 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum.

(DURATION) 3 DAYS

Contributory (Primary.) Complication of teething

(DURATION) — DAYS

(Signed) J. H. Arthur M.D.

Address 1516 W. Lexington St.

Date June 29 1908

Place of Burial Western Cemetery

Date July 1 1908

Undertaker F. A. Kramer & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13408

Ward 21 C13408 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 612 W Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Jacobs

{Residence, if in Baltimore, Give Street and Number.} 612 W Cross

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 18-a 1906

AGE: 1 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Jacob

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Kate M. Macher

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Jacob

(Address) 612 W. Cross st

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to June 30 1908 that I last saw h 12 alive on June 29 1908, and that death occurred, on the date stated above, at 5 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculo meningitis

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. M Lumpkin M.D.

Address 602 S Paca St.

Date June 30 1908

Place of Burial Cedar Hill Cem

Date July 1st 1908

Undertaker C Schlosman & Son

Address 1054 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13409 Registered No. B C13409

CERTIFICATE OF DEATH.

118

(Place of Death.) No. 2434 E. Fayette St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Schaake.

{Residence, if in Baltimore, Give Street and Number.} 2434 E. Fayette St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: June 18. 1875

AGE: 33 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Ferdinand Schaake

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Minehart

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Grocerynman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elisabeth Schaake

(Address) 2434 E. Fayette St.

Filed 7/1 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 th 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to June 29 1908 that I last saw him alive on June 29 1908, and that death occurred, on the date stated above, at 9.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.) * Cancer Peritonitis

(DURATION) 4 DAYS

(Signed) Geo L. Mc Kim M.D.

Address 6 W Mosher

Date June 30 th 1908

Place of Burial Oak Lawn Cemetery

Date July 2 1908

Undertaker Mc Ginnis & Carroll

Address 1227 Mulliken St.

WM. J. C. DULANY CO., Baltimore.

* Sequence of a case of Appendicitis operated for a year ago. G.L.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward. 8 C1340 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2203 Preston Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Wardell Sapp (Sapp)

{Residence, if in Baltimore, Give Street and Number.} 2203 Preston place

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: April 1908

AGE: ....years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. O. Sapp

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Nellie Brendell

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mr Brendell

(Address) 1221 Ashland Ave

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to June 30 1908 that I last saw h— alive on June 29 1908, and that death occurred, on the date stated above, at 3 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis.

(DURATION) DAYS

Contributory (Primary.) Gastro Enteritis.

(DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument St.

Date June 30 1908

Place of Burial Trinity Cem

Date July 1. Trinity Cem 1908.

Undertaker W. C. Ginnis Carroll

Address 1227 Mulliken St,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. C C13411

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 239 Aisquith St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Mills

Residence, Give Street and Number, 239 Aisquith St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: John Mills

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary Dorsey

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Ford

(Address) 1364 N. Stricker St

Filed 7/1 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 28th 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 28 1908

that I last saw him alive on June 28 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis (T. B.)

(DURATION) 21 DAYS

Contributory (Primary) Consumption

(DURATION) 21 DAYS

(Signed) C. W. Jones M. D.

Address 712 S. Wolfe St

Date June 28 1908

Place of Burial Samuel Beverly

Date July 1 1908

Undertaker R. K. Gallatt

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C1342 Registered No. B C1342

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1307 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin B Ledley

{Residence, if in Baltimore, Give Street and Number.} 1307 W. Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 26 1845

AGE 63 years, months, 3 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Daniel Ledley.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Anna A. Redgrave

BIRTHPLACE OF MOTHER (State or country) St Marys Co Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie A. Grace

(Address) 1307. W. Lombard

Filed 7/1 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to June 29 1908

that I last saw h alive on June 29 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Interstitial nephritis

(DURATION) DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) J. L. Lamm M.D.

Address 1302 W Lombard st

Date June 30 1908

Place of Burial Mt Olivet Cem

Date July 2, 1908

Undertaker D. & B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Clarence Benton C 13413

{ Residence, if in Baltimore, Give Street and Number. } 32 S Woodyear St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 26 1860

AGE 47 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Harford Co Md

FULL NAME OF FATHER Samuel C Benton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah E Knight

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mary E Benton

(Address 32 S Woodyear St

Filed 7/1 1908

HARRY O ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from 6/25 1908 to 6/29 1908

that I last saw h alive on Jun 29 1908,

and that death occurred, on the date stated above, at 11.30 P M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 7 DAYS

Con'ributory (Primary) Epilepsy

(DURATION) 40 DAYS

(Signed) J. M. Bird M.D.

Address University Hospital

Date June 29 1908.

Place of Burial Mt Carmel

Date July 2 1908

Undertaker Joseph B Cook

Address 100 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

104

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13414

City of Baltimore, (No. 628, Scott St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A. Zepp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 25th 1851 (Month) (Day) (Year)

AGE: 56 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Thomas. Zepp

BIRTHPLACE OF FATHER (State or country): Balto- Md.

MAIDEN NAME OF MOTHER: Sarah A. Howard

BIRTHPLACE OF MOTHER (State or country): A. A. Co. Md.

OCCUPATION OF DECEASED: Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Maggie D. Zepp.

(Address) 628 Scott St.

Filed 7/1 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO. Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 6th 1908 to June 30th 1908 that I last saw h im alive on June 30th 1908, and that death occurred, on the date stated above, at 3-15 P. M. The CAUSE OF DEATH was as follows:

Gastric Catarrh

(DURATION) 7 wks DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) H. W. Webner M. D.

June 30th 1908 (Address) 723 W Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: July 3 1908

UNDERTAKER: Jos. B. Cook ADDRESS: 1003 W. Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C13415 Registered No. B C13415

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 431 Short St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Franklin Brown

{ Residence, if in Baltimore, Give Street and Number. } 431 Short St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: March 7th 1908

AGE: — years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Harry F. Brown

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Elizabeth Johnson

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Elizabeth Brown.

(Address) 431 Short St

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30th 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to June 29 1908 that I last saw h— alive on —— 1908, and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. A. Dawn M.D.

Address 1400 Jefferson

Date June 30th 1908

Place of Burial Asbury Cemetery

Date July 1st 1908

Undertaker Chas S Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B CB346 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 N Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillia D. Powell

{Residence, if in Baltimore, Give Street and Number.} 1003 N Bruce St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colrd

DATE OF BIRTH: April 1st 1908

AGE: ..... years, 2 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Powell

BIRTHPLACE OF MOTHER (State or country): ~~Georgia~~

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burch

(Address) 1107 N Howard

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h..... alive on ..... 190...

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thos Baldwin M.D.

Address Two Log. Av. (Corner)

Date July 1st 1908

Place of Burial Lemmon

Date July 1st 1908

Undertaker J. A. Burch

Address 1107 N Howard

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

Ward

Registered No. C

CERTIFICATE OF DEATH.

(Place of Death.) No. 1611 E. Monument St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin J Lyons

Residence, Give Street and Number, 1611 E. Monument St.

Duration of Residence in Baltimore, 20 years

C13417

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: June 24, 1858

AGE: 50 years, months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Thomas Lyons

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Cooper Worker Past Years

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1611 E Monument St.

Filed, 7/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: June 30th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to June 30th 1908

that I last saw h alive on June 25th 1908

and that death occurred, on the date stated above, at 4 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Jefferis Buck M. D.

Address 2844 St Paul St

Date Jly 1st 1908

Place of Burial Cathedral

Date July 2 1908

Undertaker H. C. Friedfeld

Address 914 Greenmount Ave

Remarks

Ward 7

C13418 Registered No. B C13418

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1300 James st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hilda Ader.

{Residence, if in Baltimore, Give Street and Number.} 1300 James

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 18th 1908

AGE: — years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Ader

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maggie Poff

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Ader

(Address) 1300 James st

Filed 7/1 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to June 30 1908

that I last saw her alive on June 30 1908

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Coyne M.D.

Address 545 Linden Ave

Date July 1 1908

Place of Burial Loraine Cemetery

Date July 1st 1908

Undertaker C. F. McCormick

Address 1729 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C13419 Registered No. B C13419

CERTIFICATE OF DEATH.

105

(Place of Death.) No. Steur Love Point Md. Dela Va S.B. Chesapeake Bay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel J. Wyman Jr

{Residence, if in Baltimore, Give Street and Number.} 333. E. 25th St New York.

Duration of Residence in Baltimore. En route.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH ~~January 31 1908~~ Jany 31 1908

AGE ..... years, 4 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Wilmington Del.

FULL NAME OF FATHER Daniel J. Wyman

BIRTHPLACE OF FATHER (State or country) New York.

MAIDEN NAME OF MOTHER Richie Rogers.

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richie Wyman (mother)

(Address) 333. E. 25th St New York.

Filed 7/1 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

..... (DURATION) DAYS

Con'ributory (Primary.) .....

..... (DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date June 30 1908

Place of Burial St Peters Cemetery

Date July 1 1908 190

Undertaker M boyle son

Address 17 E Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Gilman

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

C13420

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyday, Supt.
(Informant) .....
BAY VIEW ASYLUM.
(Address)

Filed 7/1/ 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct 19 1907 to June 30 1908 that I last saw him alive on June 30 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W. H. Eaton M.D.

Address Bay View Asylum

Date June 30 1908

Place of Burial Western Cem.

Date July 1 1908

Undertaker Wm. J. Dull & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13421 Registered No. B C13421

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2631 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladislaus Studzynski.

{ Residence, if in Baltimore, Give Street and Number. } 2631 Hudson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md

FULL NAME OF FATHER: John Studzynski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Klara Hojnacka.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Studzynski.

(Address) 2631 Hudson St.

Filed 7/1 1908

HARRY C. ANDREWS? PERMIT CLERK? Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 = 1908

I HEREBY CERTIFY, That I attended deceased from June 27, 190 to June 30 = 190 8

that I last saw him alive on June 30 1908,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Sudlow M.D.

Address 320 ½ Gilmor St.

Date July 1 St 1908

Place of Burial St Stanislaus.

Date Wed July 1. St 1908

Undertaker M F. Dadowski.

Address 703 S. Amm St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C13422

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1217 Hare St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Deiszaiki

{Residence, if in Baltimore, Give Street and Number.} 1217 Hare St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 24 1906

AGE 2 years, 3 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER John Deiszaiki

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rose Price

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Deiszaiki

(Address) 1217 Hare St

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to June 30 1908 that I last saw her alive on " 29 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

7 (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) C S Greer M.D.

Address 619 Patterson Park Ave

Date July 1 1908

Place of Burial St Mary Waverly Road

Date July 2 1908

Undertaker Mendell Duffy & Co

Address 375 N Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C13423

City of Baltimore, (No. 904 Druid Hill Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hester Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Colored

DATE OF BIRTH: June 11th 1908 (Month) (Day) (Year)

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Hal Brown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Harvey

(Address) 904 Druid Hill av.

Filed 7/1 190 8

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

acute bronchio Enteritis

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Thos Baltzell (Brown) M. D.

July 1st 190 8 (Address) 5. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: July 1 1908

UNDERTAKER: Alex Hrnolds

ADDRESS: 578 Middle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C13424 Registered No. B C13424

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 100 S. Wolfe st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Prossen

{ Residence, if in Baltimore, Give Street and Number. } 100 S. Wolfe st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	Feby 27th 1908
AGE	— years, 4 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	John Prossen
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Magdalena Strubel
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Prossen

(Address) 100 S. Wolfe st.

Filed 7/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from June 28th 1908 to July 1st 1908 that I last saw h e alive on June 30 1908, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 3 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Sugruer M.D.

Address 5-N. Washington st

Date July 1st 1908

Place of Burial Holy Redeemer

Date July 2nd 1908

Undertaker Libby & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C13425 Registered No. B C13425

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 3416 Elm ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phillips Hare

{Residence, if in Baltimore, Give Street and Number.} 3416 Elm ave

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jany 14th 1840
AGE	68 years, 5 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore County
FULL NAME OF FATHER	Henry Hare.
BIRTHPLACE OF FATHER (State or country)	Baltimore County
MAIDEN NAME OF MOTHER	Sarrotm Hare
BIRTHPLACE OF MOTHER (State or country)	Baltimore Co.
OCCUPATION OF DECEASED	Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Isabella Hare

(Address) 3416 Elm ave

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to June 30 1908 that I last saw h alive on June 30 1908, and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

(DURATION) 60 DAYS

Contributory (Primary.) Pleurisy

(DURATION) DAYS

(Signed) C B Nemunt M.D.

Address 3543 Chestnut Ave

Date Baltimore July 1st 1908

Place of Burial St Marys Hampden

Date July 2nd 1908

Undertaker H & E Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

Registered No. B C13426

CERTIFICATE OF DEATH.

(Place of Death.) No. 1236 Battery Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry A. Boland

{Residence, if in Baltimore, Give Street and Number.} 1236 Battery Ave

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar. 30 1843

AGE: 65 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Angelina R. Boland.

(Address) 1236 Battery Ave

Filed 7/1 1908

HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to date 1908

that I last saw him alive on June 19 1908

and that death occurred, on the date stated above, at 11 PM

11. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) ... DAYS

Contributory (Primary.) Paralysis (DURATION) ... DAYS

(Signed) F. B. Adams M.D.

Address 2124 St. Paul St

Date June 30 1908

Place of Burial Holy Cross R C Co

Date July 3 1908

Undertaker C Ward

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 C13427 Registered No. B C13427

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 E Fort av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Fitzgerald.

{ Residence, if in Baltimore, Give Street and Number. } 1624 E Fort ave

Duration of Residence in Baltimore. Forty years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH 1850

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER John Raddigan

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Mitchell

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fitzgerald

(Address) 1624 E Fort ave

Filed 7/1 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to June 29 1908 that I last saw h e r alive on 6/29 1908, and that death occurred, on the date stated above, at 6.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

Fourteen (DURATION) DAYS

Contributory (Primary.) Valvular Heart disease (DURATION) DAYS

(Signed) L F Tenlicatin M.D.

Address 102 E Fort av

Date 6/30 1908

Place of Burial Cathedral Cem.

Date July 2nd 1908

Undertaker Daniel and M F Flynn

Address 42 East West St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — C13428 — Registered No. B C13428

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 1505 Wm St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Kane

{Residence, if in Baltimore, Give Street and Number.} 1505 William St

Duration of Residence in Baltimore. 72 years —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH February 24 1836

AGE 72 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER John Kane

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen McManus

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Waterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances A. Willet Sauther

(Address) 1505 Wm St-

Filed 7/1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to June 30 1908 that I last saw h[illegible] alive on June 30 1908 and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 5 DAYS

Contributory (Primary) Brights disease (DURATION) DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Light St

Date July 1st 1908

Place of Burial Cedar Hill

Date July 3 1908

Undertaker E J Fanning

Address 1460 Battery

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 13429

City of Baltimore, (No. House of The Good Shepherd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Barbara Bolly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 29 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters of The G Shepherd

(Address) House of The Good Shepherd

Filed 7/1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1st 1908 to June 29th 1908 that I last saw her alive on June 29th 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

15 Months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. F. Micholand M. D.

1908 (Address) 115 W Druid Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cem.	July 1, 1908
UNDERTAKER	ADDRESS
John F. Foley	1202 William St.

WM. J. C. DULANY CO., BALTIMORE

C13430

Ward 6 C13430 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 148 N Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna K. Madden

{Residence, if in Baltimore, Give Street and Number.} 148 N. Eutaw St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH April 22 1909

AGE 1 years, 2 months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Michael Madden

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Madden

(Address) 148 Eutaw

Filed 7/2" 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 30 1908 that I last saw her alive on June 30 1908 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Calary Consumption

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Evans M.D.

Address 156 Hilltop Ave

Date July 1 1908

Place of Burial Cathedral Cemetery

Date July 2 1908

Undertaker Chas F. Evans

Address 1184-120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C15431 Registered No. B C15431

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 N Bradford St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Bessie Williams

{Residence, if in Baltimore, Give Street and Number.} 240 N. Bradford

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B

DATE OF BIRTH 1

AGE X years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Bucto Md

FULL NAME OF FATHER Gilbert Sephus

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Fanny Williams

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Williams

(Address) 240 N. Bradford

Filed 7/2 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 12 noon.

I. CAUSE OF DEATH (Secondary or Immediate

Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Carullo M.D.

Address Coroners

Date June 30-08 190...

Place of Burial Laurel Cem

Date July 2 190...

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C13432 Registered No. B C13432

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 517 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret W. Gray

{ Residence, if in Baltimore, Give Street and Number. } 517 St Paul St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Lewis Gray

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Maria Satney

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Gray

(Address) 517 St Paul

Filed ..... 190.....

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Wednesday, July 1st 1905

I HEREBY CERTIFY, That I attended deceased from June 25th 1905 to July 1st 1905 that I last saw h[illegible] alive on June 30th 1905, and that death occurred, on the date stated above, at 4 00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Marasmus (DURATION) DAYS

Contributory (Primary.) Gastro Enteritis (DURATION) 5 DAYS

(Signed) A. Winslow M.D.

Address 607 N. Charles

Date July 1st 1905

Place of Burial Laurel Cem

Date July 2 1905

Undertaker R. A. Ellicott

Address 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C18438 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond Barclay.

{ Residence, if in Baltimore, Give Street and Number. } 419 N. Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE X years, 5 months, X days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Francis Barclay

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Clara Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Smith

(Address) 419 N Dallas St

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Cullen M.D.

Address Crane, Md.

Date July 1 — 08 1908

Place of Burial Laurel Cemetery

Date July 2. 1908

Undertaker R. S. Elliott

Address 606 Royer.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B C13434 C13434 15 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1357 Walnut St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frank Roscoe

{Residence, if in Baltimore, Give Street and Number.} 1357 Walnut St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frank Rocher

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lizzie Hall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Rocher

(Address) 1357 Walnut St

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

From birth (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm Baldwin M.D.

Address 700 Log. av. (Govan)

Date June 30th 1908

Place of Burial Mt Zion

Date July 2 1908

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13435 Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella Ogier.

{ Residence, if in Baltimore, Give Street and Number. } 2100 Brookfield ave

Duration of Residence in Baltimore. Lifetime C13435

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 31, 1849

AGE: 59 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Boud

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert L Ogier

(Address) 309 Woodland Road

Filed June 30 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

7/2

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1908

I HEREBY CERTIFY, That I attended deceased from June 26, 1908 to June 29, 1908 that I last saw her alive on June 29, 1908, and that death occurred, on the date stated above, at 1100 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. S. Gatch M.D.

Address Johns Hopkins Hosp.

Date June 29, 1908.

Place of Burial Greenmount Cemetery

Date June 29, 1908

Undertaker Henry W. Sneas & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13436 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 Donnelly's Ct. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry N. Sumo

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life C13436

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C

DATE OF BIRTH Dec 5 1907

AGE 0 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John N. Sumo

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Stella Dorsey

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stella Sumo

(Address) 902 Donnelly Ct

Filed 7/2 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 1 1908

that I last saw h alive on June 30 1908

and that death occurred, on the date stated above, at 1a M. CAUSE OF DEATH (Secondary or immediate.)

Cholera Infantum

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. L. Lemmon M.D.

Address 733 Aisquith St

Date 1908

Place of Burial Mt Zion

Date July 2 1908

Undertaker R. C. Elliott

Address 506 Royston Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 7 613437 Registered No. B 013437

CERTIFICATE OF DEATH.

(Place of Death.) No. 928 Pear alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Maria Layton

{Residence, if in Baltimore, Give Street and Number.} 928 Pear alley.

Duration of Residence in Baltimore. Two weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Robert Layton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgia Layton

(Address) 928 Pear alley

Filed

190 HARRY O. ANDRAS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to June 30 1908 that I last saw her alive on June 30 1908, and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

(DURATION) — DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) unknown DAYS

(Signed) W. E. Mosely Jr. M.D.

Address 301 W. Monument St.

Date June 30 1908

Place of Burial Laurel Cemetery Va White Stone Va

Date July 3 1908

Undertaker R. A. Ellett

Address 512 Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13438 Registered No. B .....

CERTIFICATE OF DEATH.

Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Penn.

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C—

DATE OF BIRTH 1

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1— 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to July 1 1908

that I last saw h ive alive on July 1 1908

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T.B.

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. R. Baker M.D.

Address Va

Date July 1— 1908

Place of Burial Forest Home Cemetery

Date July 2" 1908

Undertaker Chas. F. Cogan

Address 118 W. Mt. Royal

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C13439 Registered No. B C13439

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 926 N Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Mitchell

{Residence, if in Baltimore, Give Street and Number.} 926 North Howard.

Duration of Residence in Baltimore. Entire Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: black.

DATE OF BIRTH: Nov. 29. 1907.

AGE: ..... years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Mitchell

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Willie Mitchell

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burke

(Address) 1107 N. Eden ave

Filed 1/2 1908

HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to June 26 1908 that I last saw him alive on June 26 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric Cellulitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. D. West M.D.

Address 626 Gilmor st

Date July 1 6 1908

Place of Burial Laurel Cemetery

Date July 2 1908

Undertaker J. A. Burke

Address 1107 N. Eden ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

Registered No. C 13440

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 402 Bowers Court St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Walter W. Owens Smith

Residence, Give Street and Number, 402 Bowers Court

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX male

COLOR Colored

DATE OF BIRTH 1

AGE ~~years~~, 7 months, ~~days~~

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Balt city

FULL NAME OF FATHER Walter Smith

BIRTHPLACE OF FATHER (State or county) Balt city

MAIDEN NAME OF MOTHER Susie Smith

BIRTHPLACE OF MOTHER (State or county) Balt city

OCCUPATION OF DECEASED — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Smith

(Address) 402 Bowers Ct

Filed 7/2 1908 HARRY C. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3.45 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Convulsion

(DURATION) ? DAYS

Contributory (Primary) Entero Colitis ?

(May have had Marasmus?)

(DURATION) DAYS

(Signed) ~~Walter~~ Wesley Owens M. D.

Address 1634 Division

Date July 1 1908

Place of Burial Mount Auburn

Date July 2 1908

Undertaker John H Owens & Son

Address 1222 Druid

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C13441 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma B. Freeman

{ Residence, if in Baltimore, Give Street and Number. } Laurel Md

Duration of Residence in Baltimore. Maryland

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR White

DATE OF BIRTH 1

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Burnham

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Thorn

(Address) Laurel Md

Filed 7/2 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 2 1908

that I last saw h[illegible] alive on July 2 1908 A.M. Bn

and that death occurred, on the date stated above, at 7.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uremia —

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date July 2 1908

Place of Burial Laurel Md

Date July 2 1908

Undertaker H. J. Tuckner & Son

Address Linden & Baca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C13442 Registered No. B C13442

CERTIFICATE OF DEATH. 180

(Place of Death.) No. 937 Ridgley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kunigunda Stroh

{ Residence, if in Baltimore, Give Street and Number. } 937 Ridgley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 1 1835

AGE 72 years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Christopher Schumacher

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Sarah E Stroh (daughter)

(Address) 937 Ridgley St

Filed 7/2 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Suicide
Cut her throat with a butcher knife
Responded (DURATION) ... DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) H. McGuinness M.D.
Coroner

Address ...

Date June 30 1908

Place of Burial Loudon Park

Date July 2 1908

Undertaker W. J. Dickenson Son

Address Edmondson & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13443 Registered No. B C13443

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2805 Odonnel St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Anna Evelyn Bridgman

{Residence, if in Baltimore, Give Street and Number.} 2805 Odonnel St

Duration of Residence in Baltimore. 3 mos 2 days C13443

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mch 29 1908

AGE: ..... years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Bridgman

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Louisa Barnes

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louise Bridgman

(Address) 2805 Odonnel St

Filed 7/2 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to June 29 1908

that I last saw h[illegible] alive on June 29 1908

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Gastro-intestinal disease (DURATION) 7 DAYS

(Signed) Lee Rawlings M.D.

Address 1114 S. Chesapeake St

Date July 1 1908

Place of Burial Mount Carmel

Date July 2 nd 1908

Undertaker Wm Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C13144 Registered No. B C13444

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1134 N. Lexington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Stephen Satterfield

{Residence, if in Baltimore, Give Street and Number.} 1134 N. Lexington St

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH 1

AGE about 49 yrs

years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N.C.

FULL NAME OF FATHER Henry Satterfield

BIRTHPLACE OF FATHER (State or country) N.C.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) N.C.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Satterfield

Address 1128 N. Saratoga St

Filed 7/2 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to June 30 1908

that I last saw him alive on " 28 1908,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary)

Paralysis R. Side (DURATION) 10 DAYS

(Signed) G. M. Eckenroder M.D.

Address 127 N. North Ave

Date July 1st 1908

Place of Burial Bay View

Date July 2nd 1908

Undertaker Stanmeyer & Wright

Address 132 & 134 Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13445 Registered No. B C13445

CERTIFICATE OF DEATH. 40

(Place of Death.) No. 1818 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conrad H. Becker

{Residence, if in Baltimore, Give Street and Number.} 1818 E. Pratt St.

Duration of Residence in Baltimore. About 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 13th 1831

AGE 77 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Grau

(Address) 211 S. Ann St.

Filed 7/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29th 1908

I HEREBY CERTIFY, That I attended deceased from March 17th 1908 to June 29th 1908 that I last saw him alive on June 28th 1908 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Cancer

Do not Know (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Wm Gambel M.D.

Address 1704 Madison Ave

Date June 30th 1908

Place of Burial Balto Cem.

Date 7/2/08 1908

Undertaker J. Herwig & Son

Address 900 E. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13446 Registered No. B C13446

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Garfield Ramsey

{ Residence, if in Baltimore, Give Street and Number. } –

Duration of Residence in Baltimore.—

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	B.
DATE OF BIRTH	1
AGE	28 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	–
BIRTHPLACE OF FATHER (State or country)	–
MAIDEN NAME OF MOTHER	–
BIRTHPLACE OF MOTHER (State or country)	–
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lauer Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/2 1908 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 – 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 1 1908 that I last saw h.. alive on July 1 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) – DAYS

Contributory (Primary.) Ex Laparotomy

(DURATION) DAYS

(Signed) W. W. Baker M.D.

Address Bay View Asylum

Date July 1 – 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 1 - 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

26

Ward 10 C13447 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Bruce St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Baby Ruth
Infant of Hannia Bivens.

{Residence, if in Baltimore, Give Street and Number.} 1003 Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about four mo. ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balt-

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/2 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Enteritis

(DURATION) 3 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Alice Baldwin M.D.

Address 700 Eag. Ave. (Corner)

Date June 30th 1908

Place of Burial JOHNS HOPKINS HOSPIT

Date JUL 1 - 1908 190 .....

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1/2

Ward 14 C13448 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Markenson

{Residence, if in Baltimore, Give Street and Number.} 713 S. Broadway.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/2 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to June 30 1908 that I last saw h~~im~~ alive on June 30 1908, and that death occurred, on the date stated above, at 1.45 ~~A~~ P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro spinal meningitis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hosp.

Date July 1 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 1 - 1908 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

yle

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause of death, and ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause of death, and the place of birth, and the name of the father and mother of the deceased, and the maiden name of the mother, and the occupation of the deceased, and the length of residence in the city of Baltimore, and the place of last residence, and the length of residence in the United States, and the length of residence in the State of Maryland, and the length of residence in the city of Baltimore, and the length of residence in the United States, and the length of residence in the State of Maryland, and the length of residence in the city of Baltimore.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

C13449

Registered No. B .....

City of Baltimore, (No. 1068 Vine St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Brownie Rambler (Rambler)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE ..... years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Lelia Rambler

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Rambler

(Address) 1068 Vine St

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore

134

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to June 26 1908 that I last saw him alive on June 26 1908, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) ..... DAYS

Contributory Cholera Infantum.

(DURATION) 8 DAYS

(Signed) T. H. Tanner M. D.

June 30 1908 (Address) 317 N. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL JUL 1 1908

UNDERTAKER Commissioner Health. ADDRESS

Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

Registered No. C 13450

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 818 E Fayette St

(If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond Lee

Residence, Give Street and Number, 818 E. Fayette St.

Duration of Residence in Baltimore, Lifetime

C 13450

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH [illegible] 1

AGE years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Joseph Lee

BIRTHPLACE OF FATHER (State or county) Canton China

MAIDEN NAME OF MOTHER Emma Duncan

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Lee

(Address) 818 E Fayette St

Filed 7/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended ~~deceased~~ from about 1 190 to 190

that I last saw h ~~alive on~~ 190

and that death occurred, on the date stated above, at 3 P.M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. T. Riley, Coroner M. D.

Address 1639 Broadway

Date July 2 08 1908

Place of Burial Mt Zion Cem

Date July 2nd 1908

Undertaker [illegible]

Address 1412 Bell Ave

Remarks

Ward 13 C13451 Registered No. B

54

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 Reservoir St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Luke G. Harmon

{Residence, if in Baltimore, Give Street and Number.} 715 Reservoir St

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Oct 3rd 1835

AGE 72 years, 8 months, 28 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Eleazar Harmon

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER ~~Harriet~~ Goodspeed

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Harmon

(Address) 715 Reservoir St

Filed 7/2 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from January 1st 1908 to July 1st 1908

that I last saw him alive on July 1st 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anaemia

6 years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. F. Hill M.D.

Address 1200 Madison Ave

Date July 1st 1908

Place of Burial St Stephens P.E.C.

Date July 3rd 1908

Undertaker Stewart Mowen Co

Address 215 Park Ave.

H. F. Hill Madison & Dolphin Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13452 Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1909 West Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Weber (junior)

{Residence, if in Baltimore, Give Street and Number.} 1909 West Baltimore St.

Duration of Residence in Baltimore. Life

C 13457

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 26 1845

AGE: 62 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles Weber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta Badmann

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Capitalist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Weber

(Address) 1909 W Balto St

Filed 7/2 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from June 9 1908 to July 1st 1908 that I last saw h~~im~~ alive on July 1st 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dysenteric Amoebic

Exhaustion

(DURATION) 20 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Dr F Reinhard M.D.

Address 1400 Linden Ave

Date July 1st 1908

Place of Burial St Pauls Lutheran Cem

Date July 3 1908

Undertaker Mrs A. Rohde Son

Address 730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C13453 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C13453

CERTIFICATE OF DEATH.

16

Registered No. B.....

City of Baltimore, (No. 505 N. Bruce St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura Washington

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 43 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Rev Samuel Hard

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amanda Patterson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Letcher Washington

(Address) 505 N. Bruce St. Balto

Filed 7/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1st 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 6, 1908 to June 30 1908 that I last saw her alive on June 30 1908, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Endocarditis

(DURATION) 90 DAYS

Contributory General dropsy

(DURATION) 21 DAYS

(Signed) D. Grant Scott M. D.

July 1st 1908 (Address) 334 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: July 3rd 1908

UNDERTAKER: Elijah B. Rye — ADDRESS: 1926 E. Monument

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C13454 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 704 Ensor St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Seton

{Residence, if in Baltimore, Give Street and Number.} 527 Oxford St

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 31 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Selphus Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sidney Hawkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Edward Seton

(Address) 527 Oxford St

Filed 7/2 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to June 30 1908 that I last saw her alive on June 30 1908 and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Lungs & Haemorrhage

Last Illness (DURATION) 2 weeks DAYS

Contributory (Primary) Lungs

(DURATION) 2 weeks DAYS

(Signed) Wm. Kennard M.D.

Address 709 E. Ensor St

Date June 30 1908

Place of Burial Mt. Auburn Cemetery

Date July 4th 1908

Undertaker Felix. B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 013455

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 418 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Sewell

{ Residence, if in Baltimore, Give Street and Number. } 418 S. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 25 1906

AGE 2 years, months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Wm H. C. Sewell

BIRTHPLACE OF FATHER (State or country) Balto. City

MAIDEN NAME OF MOTHER Katie Cosgrove

BIRTHPLACE OF MOTHER (State or country) Balto. City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Sewell

(Address) 418 S. Chester St.

Filed 7/2 1908

HARRY C. ANDREAE, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to June 30 1908 that I last saw h-er alive on June 30 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis (DURATION) 4 DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) C. L. Long M.D.

Address 2329 Eutaw Ave

Date July 1 1908

Place of Burial St. Patricks Cem

Date July 3rd 1908

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13456 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rudolph Augustine (Augestine)

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore.—

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Hungary

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Brush Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/2 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 — 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to July 1 1908 that I last saw h alive on July 1 1908, and that death occurred, on the date stated above, at 4.30 4 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

— (DURATION) ..... DAYS

Contributory (Primary.) Grippe (DURATION) ..... DAYS

(Signed) W. T. Sohon M.D.

Address Bay View.

Date July 1 — 1908

Place of Burial St Peters

Date July 2nd 1908

Undertaker John J. Fields

Address 1208 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C13457

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C13457

27

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2147, Cromwell St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William John Elder

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: Nov. 8 (Month) 82 (Day) 1881 (Year)

AGE: 27 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charles Co. Md

FULL NAME OF FATHER: Anthony A. Elder

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Frances E. Dorsey

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lois S. Elder Wife

(Address) 2147 Cromwell St

Filed 7/8 1908

BARRY O. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7/2 (Month/Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 3/1 1906 to 7/2 1908

that I last saw h~~im~~ alive on 7/2 1908,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

3 years (DURATION) DAYS

Contributory Syncope

(DURATION) DAYS

(Signed) H. S. Goucher M.D.

7/2 1908 (Address) 501 E. 22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 4 1908.

UNDERTAKER: Geo. J. Smith & Co.

ADDRESS: 1005 W. Fayette St.

Ward 17 C13458 Registered No. B C13458

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 1500 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno R. Crane

{Residence, if in Baltimore, Give Street and Number.} 1500 Mc Henry

Duration of Residence in Baltimore. Acted as Coroner

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Dec 9th 1844

AGE 63 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Queen Anne Co Md

FULL NAME OF FATHER Stephen M Crane

BIRTHPLACE OF FATHER (State or country) Queen Anne Co Md

MAIDEN NAME OF MOTHER Mary. Hicks.

BIRTHPLACE OF MOTHER (State or country) Queen Anne Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M. Crane

(Address) Laurel Md

Filed 7/2 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 7 DAYS

(Signed) Herbert C Blake M.D.

Address 1014. W. La Fayette

Date July. 1. Coroner 1908

Place of Burial National Cemetery.

Date July 3, 1908

Undertaker Geo. J Smith Co.

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HERBERT C. BLAKE, M. D.
1014 WEST LAFAYETTE AVENUE

C. & P. PHONE, MADISON 1066-r
MD. PHONE, DRUID 44

C 13458

BALTIMORE July 21st./08. 190

To Whom it may concern.

This is to certify that the death certificateof John L Crane on record in your office should read John G. Crane which is his proper name.

Herbt C Blake M.D. Coroner.

State of Maryland, Baltimore City,S.S. to wit,

Sworn to, and subscribed by Herbert C. Blake, Coroner, before me, a Justice of the Peace, in and for the State and City aforesaid, this twenty-first day of July, nineteen hundred and eight.

Everett L. Blake.

Justice of the Peace.

Ward B

Registered No. B C13459

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1609 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Wetterkamp

{ Residence, if in Baltimore, Give Street and Number. } 1609 E Lombard St.

Duration of Residence in Baltimore. 36 J.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 1 1841

AGE: 67 years, 9 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Johan Heinrich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Simon

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Wetterkamp

(Address) 1609 E Lombard St.

Filed 7/2 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 1st 1908

that I last saw h er alive on July 1st 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

one day about (DURATION) DAYS

Con'ributory (Primary.) Acute Dysentery

about one week (DURATION) DAYS

(Signed) Fredk A. Ramsdell, M.D.

Address 2311 E. Baltimore, Md.

Date July 1st 1908

Place of Burial Emmanuels Cemetery

Date July 3 1908

Undertaker Louis Hohmann

Address 32 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C13460 Registered No. B C13460

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 801 S. Bond St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank ~~Kielbe~~ Wojcik

{ Residence, if in Baltimore, Give Street and Number. } # 801 S. Bond St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: mo years, 6 months, mo days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Ickl Br. Wojcik

BIRTHPLACE OF FATHER (State or country): Poland.

MAIDEN NAME OF MOTHER: Petronela. Kisk

BIRTHPLACE OF MOTHER (State or country): Poland.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michal Kwiatkowski

(Address) 117 S. Bond St

Filed 7/9 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 2 1908 that I last saw him alive on June 30 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 21 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date July 2 1908

Place of Burial Holy Rosary

Date July 2nd 1908

Undertaker William Gallkowski

Address 42 S. Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C13461 — Registered No. C 13461

CERTIFICATE OF DEATH.

(Place of Death.) No. 217 S Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Gebhardt

Residence, Give Street and Number, 217 S Fulton Ave

Duration of Residence in Baltimore, 25 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: February 22nd 1860

AGE: 48 years, 4 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: John Gebhardt

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Babara Bauerschmidt

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Louise Gebhardt

(Address) 217 S. Fulton Ave.

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 30th 1908.

I HEREBY CERTIFY, That I attended deceased from January 25th 1908 to June 30th 1908 that I last saw him alive on June 29th 1908 and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate,) When called suffered from pulmonary tuberculosis with oedema of lower extremities. Disease ~~terminated~~ terminated by usual ~~CONVULSIONS~~ DAYS

Contributory (Primary) when death occurred from exhaustion (DURATION) DAYS

(Signed) Dr Heinrich M. D.

Address 2151 Wilkens Ave

Date June 30th 1908.

Place of Burial London Park Cemetery

Date Friday July 3rd 1908

Undertaker F. B. Wagner

Address 1 Frederick Ave. Balto

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W.K. C13462 Registered No. B C13462

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mo University Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hardesty

{Residence, if in Baltimore, Give Street and Number.} 44 So Green

Duration of Residence in Baltimore. 2 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sngl

BIRTHPLACE (State or country) Annapolis

FULL NAME OF FATHER John Hardesty

BIRTHPLACE OF FATHER (State or country) Annapolis

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hardesty

(Address) 445 Green St

Filed 7/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from a Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Shock due to amputation left foot to laceration of left side Ran over by an electric car (DURATION) DAYS

Contributory (Primary) accident (DURATION) DAYS

(Signed) Patrick J Martin M.D.

Coroner

Address

Date July 2 1908

Place of Burial Annapolis Md

Date July - 1908

Undertaker Wm G Tilghman Sons

Address Camden Green St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C13463 Registered No. B C13463

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 716 W Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice W Lynch.

{Residence, if in Baltimore, Give Street and Number.} 716 W Fayette St

Duration of Residence in Baltimore. Six (6) Months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1857

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Edw. McAdams

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Dooley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw B Wilson

(Address) 2806 - ave D. Brooklyn N.Y.

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from June 28th 1908 to July 1st 1908

that I last saw h alive on June 30 1908,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Acute Dysentery 4 days

Asthenia.

(DURATION) 4. DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date July 1st 1908

Place of Burial Mount Zion N.Y.

Date July 3rd 1908

Undertaker Geo. H. Risdenon

Address 435 D. Gilmor St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13464 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 815 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Pierkarski

{Residence, if in Baltimore, Give Street and Number.} 815 S. Ann

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Matthew Pierkarski.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Alexandria Zalewska.

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Alexandria Pierkarska.

(Address) 815 S. Ann St.

Filed 7/2 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 2nd 1908

that I last saw him alive on July 2nd 1908,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Gastro-Enteritis (DURATION) 3 DAYS

(Signed) J. L. Kummer M.D.

Address 130 S. Broadway

Date July 2nd 1908

Place of Burial Holy Rosary

Date Friday July 3rd 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13465 Registered No. B C13465

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 910 William St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Streett Jun.

{Residence, if in Baltimore, Give Street and Number.} 910 William St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH July 2 1908

AGE ... years, ... months, 5 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Thomas Streett Jun

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Camille Lewis

BIRTHPLACE OF MOTHER (State or country) Baltimore City.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Streett Jun.

(Address) 910 William St.

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from July 2nd 1908 to July 2nd 1908 that I last saw h on alive on July 2nd 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Baby Lived 5 hours

Instrumental delivery

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 E Chase

Date July 2nd 1908

Place of Burial London Park Cemetery

Date July 2 1908

Undertaker Daniel & Margt G. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13466 Registered No. B C13466

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 503 N. Montford Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William F. Bodine

{Residence, if in Baltimore, Give Street and Number.} 503 N. Montford Av

Duration of Residence in Baltimore, 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: January 25th 1832

AGE: 76 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frederick Bodine

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Umbrella Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Bodine

(Address) 503 N. Montford Av

Filed 7/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1908

I HEREBY CERTIFY, That I attended deceased from .....190.... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease
Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Cumston M.D.

Address Coroner N.C.P.

Date June 30-08 190

Place of Burial Mt Carmel Cemetary

Date July 3rd — 1908 ~~190~~

Undertaker Christian Muller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13467 Registered No. B C13467

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 2423 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Grau (Grau)

{ Residence, if in Baltimore, Give Street and Number. } 2423 E. Monument st

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1829

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas Barr

(Address) 2423 E. Monument St

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30th 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to June 30 1908 that I last saw h[illegible] alive on June 30 1908, and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Dysentary

(DURATION) 60 DAYS

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) Samuel J. King M.D.

Address 2309 E. Monument st

Date July 1 1908

Place of Burial Baltimore Cemetary

Date July 3-d 1908

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 13468 13468

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 246 S. East-ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thelma V. Wilhelm

{ Residence, if in Baltimore, Give Street and Number. } 246 S. East-ave.

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: One years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward Wilhelm

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary E. Buscher

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Wilhelm

(Address) 246 S. East Ave

Filed 7/2 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw he alive on July 1st 1908,

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteric Colitis. from which the suffered nearly all her life

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Howard L. Silver M.D.

Address 1914 Bolton St.

Date July 2nd 1908

Place of Burial Oak Lawn ~~Mt. Carmel~~ Cem

Date July 4th 1908

Undertaker Kindell Lifsped & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C13469 Registered No. C 13469

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1531 E North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Baker

Residence, Give Street and Number, 1531 E. North ave

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Maile

COLOR: White

DATE OF BIRTH: September 10 1847

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balt

FULL NAME OF FATHER Christfer Baker

BIRTHPLACE OF FATHER (State or county) Balt

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or county) Balt

OCCUPATION OF DECEASED Pipe fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Baker

(Address) 1531 E North ave

Filed 7/2 1908 HARRY O. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from April 1908 to July 1 1908

that I last saw h[illegible] alive on July 4 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Asthenia

(DURATION) 4 DAYS

Contributory (Primary) Gastritis

Carcinoma (DURATION) 6 M DAYS

(Signed) Alvin B. Lemmon M. D.

Address 742 N. Patterson Park ave

Date July 2 1908

Place of Burial Balto. Cem.

Date July 5" 1908

Undertaker Wendell Lippold & Son

Address 330 S. Bond st.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C13470 Registered No. C [illegible]

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1615 E. Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Leech

Residence, Give Street and Number, 1615 E. Lombard st.

Duration of Residence in Baltimore, 36 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M.

COLOR: W.

DATE OF BIRTH: [illegible] 1

AGE: 83 years, — months, — days

~~SINGLE,~~ MARRIED, ~~WIDOWED OR DIVORCED.~~ M.

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. B. Leech

(Address) 1615 E. Lombard St.

Filed 7/2 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 1 1908

that I last saw him alive on July 1 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Diarrhea

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. T. [illegible] M. D.

Address [illegible]

Date July 2 1908

Place of Burial St. Joseph's Cem. Texas Balto. Co.

Date July 3 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C13471 Registered No. B C13471

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 623 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Lorek

{ Residence, if in Baltimore, Give Street and Number. } # 623 S. Ann St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 4 1907

AGE — years, — months, 7 days

SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Stefan Lorek

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Flowers. Emming

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Flowers Emming

(Address) 623 S. Ann St

Filed 7/2 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 1 1908 that I last saw her alive on July 1 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rahberger M.D.

Address #1709 Alice Anna St

Date July 2 1908

Place of Burial St Stanislaus

Date July 3 1908

Undertaker Joseph Zborowski

Address 1703 Alice Anna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 81 C13472 Registered No. B C13472

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1244 S. Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Zywicki

{Residence, if in Baltimore, Give Street and Number.} 1244 S. Hanover St.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug 18 1866

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Michael Zywicki

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Mary Nowak

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Zywicki

(Address) 1244 S. Hanover St

Filed 7/2 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 30 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to June 30 1908 that I last saw h[illegible] alive on June 27 1908, and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) unknown DAYS

Contributory (Primary) asthenia (DURATION) DAYS

(Signed) Wm. J. McAvoy M.D.

Address 836 S. Canton Av.

Date July 1 1908

Place of Burial St Stanislaus

Date July 3 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE

73

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C13473 Registered No. B C13473

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 580 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willie — Thomas

{ Residence, if in Baltimore, Give Street and Number. } 580 W. Preston St —

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mulatto

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Jenture Dorsett

BIRTHPLACE (State or country): 580 W. Preston St.

FULL NAME OF FATHER: Wyane Thomas

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Gunthue Dorsett

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gibson

(Address) 580 W. Preston St.

Filed 7/2 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to ..... 190.....

that I last saw h[illegible] alive on June 27 1908,

and that death occurred, on the date stated above, at 6.16 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Mark & chlorasma since birth —

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) M. A. Balint M.D.

Address 1711 Madison Ave

Date July 2, 1908

Place of Burial Mt Auburn Cem

Date July 2nd 1908

Undertaker Alex Hemsley

Address 3-78 N. Bridge St

This infant came to the dispensary for treatment. The care taker could not know the mothers name.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 10 C13474 Registered No. B C13474

CERTIFICATE OF DEATH. 54

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Gannon (Gannon)

{ Residence, if in Baltimore, Give Street and Number. } 1025 Hilman St.

Duration of Residence in Baltimore 5-7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. W Wilkinson M.D

(Address) St Joseph's Hospital

Filed 7/2 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to July 2 1908 that I last saw her alive on July 2 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anemia with exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Hartman M.D. per H. W. Wilkinson

Address 1003 Laurale St

Date 7/2/08 1908

Place of Burial St Patricks

Date July 4 - 1908

Undertaker H. C. Middefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

78

CERTIFICATE OF DEATH.

Registered No. B C13475

City of Baltimore, (No. 1211 N Chester St.; 9 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonidas Evans McCubbin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug (Month) 13 (Day) 1857 (Year)

AGE: 50 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Upperfalls Balto Co

FULL NAME OF FATHER: Lloyd McCubbin

BIRTHPLACE OF FATHER (State or country): Upperfalls Balto Co

MAIDEN NAME OF MOTHER: Mahala Evans

BIRTHPLACE OF MOTHER (State or country): Hartford Co

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas McCubbin

(Address) 1211 N. Chester St.

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1908 to July 1 1908

that I last saw h[illegible] alive on July 1 1908

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Apoplexy.

(DURATION) 1 DAYS

Contributory Chronic Endocarditis (DURATION) Years DAYS

(Signed) J. Chas Bass M. D.

July 1 1908 (Address) 1201 Park Avenue

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Upper Falls Balto Co. Md. | DATE OF BURIAL: July 3rd 1908

UNDERTAKER: Jos. & Jno. John H. Teufel | ADDRESS: 101 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 Registered No. B C13476

C13476

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1819 Dover St St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Alice Beuty Chaffman

{ Residence, if in Baltimore, Give Street and Number. } 1819 Dover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 17th 1907

AGE: ~~1~~ years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis H. Chaffman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Edith Lee Rutter

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Chaffman

(Address) 1819 Dover St.

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 2 1908 that I last saw her alive on July 1 1908, and that death occurred, on the date stated above, at 12.35 a. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteretis

(DURATION) 7 DAYS

Contributory (Primary.) asthema

(DURATION) 14 DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick Ave

Date July 2 1908

Place of Burial Mt Henry Cem. W Arlington

Date July 3rd 1908

Undertaker C. W. Dill

Address 810 Fredk. ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13477 Registered No. B C13477

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 420 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Hoover

{ Residence, if in Baltimore, Give Street and Number. } 420 S Paca

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Daniel Burns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Shorley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

Address 1200 N. Lombard

Filed 7/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 2 1908 that I last saw her alive on July 1 1908 and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Scarlet Fever.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Walter A. Ott M.D.

Address 545 Fulton Ave

Date July 2. 1908

Place of Burial New Cathedral

Date July 3rd 1908

Undertaker John J. Fields

Address 1200 N. Lombard St

8 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21st. C13478 C13478

Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 521 Calendar Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Agnes White

{ Residence, if in Baltimore, Give Street and Number. } 521 Calendar Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: January 3, 1907

AGE: ..... years, 18 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Charles White

BIRTHPLACE OF FATHER (State or country): Richmond, Va.

MAIDEN NAME OF MOTHER: Catherine Cordell

BIRTHPLACE OF MOTHER (State or country): Montgomery County

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. White

(Address) 521 Calender Alley

Filed 7/3" 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to July 1st 1908 that I last saw her alive on July 1st 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 8 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 2 DAYS

(Signed) J. Morley Young M.D.

Address 721 Columbia Ave.

Date July 2nd 1908

Place of Burial St. Peter's Cemetery

Date July 3, 1908

Undertaker Jas. Dignan & Sons

Address 759 Pratt Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C13479

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. Presby. Eye, Ear, and Throat Charity Hosp. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John William Donovan

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 29 1894 (Month) (Day) (Year)
AGE	14 years, — months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Sandy Hook, Md.
FULL NAME OF FATHER	Timothy E. Donovan.
BIRTHPLACE OF FATHER (State or country)	Sandy Hook, Md.
MAIDEN NAME OF MOTHER	Christina M. Deck
BIRTHPLACE OF MOTHER (State or country)	Summit Point W. Va.
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Timothy E. Donovan

(Address) Brunswick Maryland

Filed 7/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 2 1908, that I last saw him alive on July 2 1908, and that death occurred, on the date stated above, at 7.15 P. M. The CAUSE OF DEATH was as follows:

Basilar Meningitis

(DURATION) 1 DAYS

Contributory Infection, cause unknown. (DURATION) DAYS

(Signed) William A. Ellingwood, M. D.
Resident Physician

July 2 1908 (Address) Presby. Eye Ear & Throat

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Brunswick How long at Place of Death? 4 hrs. Days

Where was disease contracted, if not at place of death? Brunswick Md.

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Brunswick Md	July 3 1908
UNDERTAKER	ADDRESS
~~Eph. M. Echols~~	~~Brunswick~~
Wm J Tschner Sons	42 E Hamburg St

Ward 9K C13480 Registered No. B C13480

CERTIFICATE OF DEATH. 134

(Place of Death.) No. St Josephs Gennan Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mattie Wyatt

{ Residence, if in Baltimore, Give Street and Number. } Spurrier Print Md.

Duration of Residence in Baltimore. 4 day

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Aug 26 1878

AGE 31 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Married)

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Wyatt

(Address) Sparrow Pt

Filed 7/3 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to July 2 1908 that I last saw h alive on July 2 1908, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Interval hemorrhage

(DURATION) DAYS

Contributory (Primary.) Ruptured tubal pregnancy

(DURATION) DAYS

(Signed) L. E. Neale M.D. M.D.

Address St. Josephs Hospital

Date July 2 1908

Place of Burial Smithfield Va

Date July 3 1908

Undertaker Armistead Douglas

Address 715 Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward St Pauls, C13481 Registered No. B C13481

CERTIFICATE OF DEATH. 1

(Place of Death.) No. St. Joseph's Hospital (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Harman

{ Residence, if in Baltimore, Give Street and Number. } 415 S. Spring St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 26th 1880

AGE 27 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Charles Harman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catharine Witting

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Harman

(Address) 2202 Eastern ave

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to July 1 1908 that I last saw him alive on June 30 1908, and that death occurred, on the date stated above, at 6-50

M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid

(DURATION) 13 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Dr C O'Donovan M.D.

Address 10 Read St

Date July 1 1908

Place of Burial Holy Redeemer Cemetery

Date July 3rd 1908

Undertaker Lilly and Zeiler.

Address 403 S. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13482 Registered No. B C13482

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 W. Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Hardy

{ Residence, if in Baltimore, Give Street and Number. } 618 W. Montgomery St

Duration of Residence in Baltimore.. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Feb. 23 1884

AGE 24 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER David Scribner

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Scribner

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Scribner

(Address) 618 W. Montgomery St.

Filed 7/B 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to July 1 1908

that I last saw h alive on July 1 1908

and that death occurred, on the date stated above, at 9

THE CAUSE OF DEATH (Secondary or Immediate

Acute Nephritis

(DURATION) 1 DAY

Contributory (Primary.) Coma

Eclampsia (DURATION) 1 DAY

(Signed) J. Norwood M.D.

By M Fayette

Address

Date July 1 1908

Place of Burial Mt. Auburn Cem.

Date July 3 1908

Undertaker John H. Leadmin

Address 142 Whitlock St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13483 Registered No. B C13483

CERTIFICATE OF DEATH.

109

(Place of Death.) No. 907 Hollen (N.) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H Myers.

{Residence, if in Baltimore, Give Street and Number.} 907 Hollen St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 87 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Myers

(Address) 907 Hollen St

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.25 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Con'ributory (Primary.) Involution

(DURATION) DAYS

(Signed) W. T. Riley M.D.

Address 1639 Bowen

Date July 190 8

Place of Burial Loudon Park Cemetery

Date July 4th 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C13484 Registered No. B C13484

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1611 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Miller

{Residence, if in Baltimore, Give Street and Number.} 1611 Clifton Place

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —— 1

AGE: 24 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Miller

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Leiber

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Miller

(Address) 1611 Clifton Place

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from June 13th 1908 to July 1st 1908

that I last saw him alive on July 1st 1908,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 120 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Fisher M.D.

Address 76. Bigelow st.

Date July 2nd 1908

Place of Burial Cathedral

Date July 4/08. 190

Undertaker J. Wm Cook

Address 502 E Hartford.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13485 Registered No. B C13485

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 712 S. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Treasa M. Diviney

{Residence, if in Baltimore, Give Street and Number.} 712 S. Montford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Sept 23 1908

AGE 0 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Diveney

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Treasa Meyrs

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs Diveney

(Address) 712 S Montford Ave

Filed 7/3 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to July 2 1908 that I last saw her alive on " 1 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

4 (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) C. A. Greer M.D.

Address 619 E Fallsway Park Ave

Date July 2 1908

Place of Burial Holy Cross Cem.

Date July 3 1908

Undertaker M. Dayton & Son

Address 176 E. Lee St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13486

Ward 17

Registered No. B C13486

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1225 Division St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Bryson.

{ Residence, if in Baltimore, Give Street and Number. } 1225 Division St.

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Centreville Md

FULL NAME OF FATHER Elias. Bryson

BIRTHPLACE OF FATHER (State or country) Centreville Md

MAIDEN NAME OF MOTHER Mary Bryson

BIRTHPLACE OF MOTHER (State or country) Centreville Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wallace Bryson

(Address) 1225 Division St

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from June 2nd, 1908 to July 2nd 1908 that I last saw him alive on June 30 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION) DAYS

Contributory (Primary) Carcinoma 7

(DURATION) DAYS

Pylorus

(Signed) Wm. T. Carr, Jr. M.D.

Address 515 Mosher St

Date July 2nd 1908.

Place of Burial Mount Zion

Date July 4 1908

Undertaker John H Owens & Son

Address 1222 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13487 Registered No. B C13487

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 103. N Vincent St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Lewis Zurn

{Residence, if in Baltimore, Give Street and Number.} 103. N Vincent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH Mar 16 — 1908

AGE — years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Geo. Zurn

BIRTHPLACE OF FATHER (State or country) Prince Geo Co Md

MAIDEN NAME OF MOTHER Isabella Johnson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED No

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Zurn

(Address) 1034 N Vincent

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 1 1908 that I last saw him alive on July 1 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 7 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) G. W. Slater MD M.D.

Address 1203 W. Fayette

Date July 1 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., Baltimore

1 27

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 429 Arsquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Jane Inore

{Residence, if in Baltimore, Give Street and Number.} 709 Dallas St

Duration of Residence in Baltimore. Dont Know

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dont Know

AGE: Dont Know years, 4 about months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Dont Know

FULL NAME OF FATHER: " | "

BIRTHPLACE OF FATHER (State or country): " | "

MAIDEN NAME OF MOTHER: " | "

BIRTHPLACE OF MOTHER (State or country): " | "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 1 1908 that I last saw her alive on " 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera infantum

(DURATION) DAYS

Contributory (Primary) Extreme heat & exposure

(DURATION) DAYS

(Signed) E. L. Peterson M.D.

Address 1103 N. Eden St

Date July 2 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 2 1908

Undertaker Commissioner Removal

Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

138

Ward 8 C13489 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 38 S Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James P Melville

{Residence, if in Baltimore, Give Street and Number.} 38 S Poppleton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 20 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frank P Melville

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank P Melville

(Address) 38 S Poppleton St

Filed 7/3 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb 28 1908 to July 2 1908 that I last saw h alive on July 2 1908, and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis.

3 mos. under my care (DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) J. E. Cowan M.D.

Address 1302 W. Lombard

Date July 2 1908

Place of Burial New Cathedral

Date July 6 1908

Undertaker John F Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13490 Registered No. B..... 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 Barnes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josepha Kuta (Kuta)

{ Residence, if in Baltimore, Give Street and Number. } 1617 Barnes

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER John Zemar

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Kuta

(Address) 1617 Barnes

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to July 2 1908 that I last saw h.. alive on .. 1 .. 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

..... (DURATION) ..... DAYS

Contributory (Primary) Cardiac Weakness (DURATION) ..... DAYS

(Signed) W. J. Ryan M.D.

Address 2018 Garland Ave.

Date July 3 1908

Place of Burial Holy Redeemer

Date July 4 1908

Undertaker Frank Brach and Son

Address 1904 Garland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13491 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1025 E Biddle st St. (If Death occurred Hospital or Institutio give its Name inste of Street and Numbe

Full Name Mary R Webster

{Residence, if in Baltimore, Give Street and Number.} 1025 E Biddle st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH October 13th 1877

AGE 30 years, 8 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Samuel S. Walstrum

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Jennie Phildin

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Webster

(Address) 1025 E Biddle st

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2, 1908

I HEREBY CERTIFY, That I attended deceased fro June 19, 1908 to July 2, 1908 that I last saw h alive on July 2, 1908 and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate

Asthenia

(DURATION) 2 DA

Contributory (Primary.) Intercultous

(DURATION) ? DA

(Signed) S. Lee Magruder M.

Address 205 E. Preston st.

Date July 2, 1908

Place of Burial Baltimore Cemetery

Date July 5th 1908

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13492 Registered No. D

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Raiff

{Residence, if in Baltimore, Give Street and Number.} 1127 woodyear Do

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ... 1 ...

AGE ... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Singl

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER John C. Raiff

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ida Johnson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C Raiff

(Address) 1127 Woodyear St

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 2 1908

that I last saw h alive on July 2 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera infantum

continued

(DURATION) 8 DAYS

Contributory (Primary.) Heat

(DURATION) 8 DAYS

(Signed) J. D. Gwinn Kennard M.D.

Address 708 Ensor St

Date July 2 1908

Place of Burial Laurel Cemetery

Date July 3 1908

Undertaker Abt. F. Hensley

Address 578 N. Bickel St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C13493

Registered No. B.....

City of Baltimore, (No. Quarantine Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard Garfield Frisby -

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	June 3rd 1908 (Month) (Day) (Year)
AGE	- years, - months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	James Garfield Jones.
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Ransom.
BIRTHPLACE OF MOTHER (State or country)	Virginia.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos L. Richardson, M. D.

(Address) Quarantine Hospital

Filed 7/3 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 3rd 1908 to June 26th 1908 that I last saw him alive on June 26th 1908 and that death occurred, on the date stated above, at 11 P. -M. The CAUSE OF DEATH was as follows:

Inanition.

Premature birth (8 mo)

While mother had small-pox -

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) Thos L. Richardson M. D.

June 28 1908 (Address) Quarantine Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 23 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Quarantine Cemetery	June 27th 1908
UNDERTAKER	ADDRESS
Hospital Employees	-

WM. J. C. DULANY CO., BALTIMORE

Ward 7th C13494 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 E. Hill st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Morrison

{ Residence, if in Baltimore, Give Street and Number. } 113 E Hill St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH ——— 1855

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Timothy Morrison

(Address) 113 E. Hill St

Filed 7/3 1908

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 1st 1908 that I last saw her alive on July 1st 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 12 hours DAYS

Contributory (Primary.) Bright's disease (DURATION) DAYS

(Signed) J. J. O'Donnell M.D.

Address 1360 Charles St

Date July 2nd 1908

Place of Burial Holy Cross Cemetery

Date July 4 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C13495 Registered No. [illegible]

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2318½ E Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Schlunt

{Residence, if in Baltimore, Give Street and Number.} 2318½ E Fayette St

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 18th 1826

AGE: 81 years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sturmer

(Address) 2318½ E Fayette St.

Filed 7/3 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to July 1 1908 that I last saw her alive on July 1 1908 and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Mittanque

Date July 3 1908

Place of Burial Balto. Cemetery

Date July 3rd 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C13496 Registered No. B 45

CERTIFICATE OF DEATH.

(Place of Death.) No. 72 Cumberland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Roe

{Residence, if in Baltimore, Give Street and Number.} 72 Cumberland St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Robt H Roe

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriett A. Dubois

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet A. Roe.

(Address) 72 Cumberland,

Filed 7/3 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from March 9 1908 to July 2 1908

that I last saw her alive on July 2 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(General Carcinosis - Metastasis Operated 2½ years ago for Carcinoma of Breast - Ass

DURATION DAYS

Contributory (Primary.) Carcinoma Two years

DURATION DAYS

(Signed) Alex. T. Vonschuz M.D.

Address 1656 N. Gilmor St

Date July 2 1908.

Place of Burial Greenmount

Date July 4/08 1908

Undertaker Wm Cook

Address 5028 Harford

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C1349? Registered No. B C13497

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 500 N. Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Edward Kilner Jr.

{Residence, if in Baltimore, Give Street and Number.} 500 N. Carrollton Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 25th 1907

AGE 0 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Albert Edward Kilner

BIRTHPLACE OF FATHER (State or country) Deptford England

MAIDEN NAME OF MOTHER Lillie A. Fustenig

BIRTHPLACE OF MOTHER (State or country) Catonsville Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Howard Eckhardt M.D.

(Address) 534 N Carrollton Ave

Filed 7/3 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 25th 1907 to July 2nd 1908 that I last saw h[illegible] alive on July 2nd 1908, and that death occurred, on the date stated above, at 12 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enclosed.

(DURATION) DAYS

Contributory (Primary) Hemorrhage

Asphyxia (DURATION) DAYS

(Signed) A. Howard Eckhardt M.D.

Address 539 N. Carrollton Ave

Date July 3rd 1908

Place of Burial New Cathedral

Date July 4 1908

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13498 Registered No. B C13498

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 3141 Elliot St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Reif. Jr.

{ Residence, if in Baltimore, Give Street and Number. } 3141 Elliott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 6 1908

AGE — years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John A. Reif. Sr.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Annie M. Staffel

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Reif. Sr.

(Address) 3141 Elliott St.

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 2nd 1908 that I last saw him alive on July 2nd 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Inanition

(DURATION) Fifty DAYS

(Signed) W. W. Jones M.D.

Address 3116 O'Donnell St

Date July 3rd 1908

Place of Burial Western Cemetery

Date July 4 1908

Undertaker Zickler & Zickler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

C13499

HEALTH DEPARTMENT. CITY OF BALTIMORE.

C13499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1506

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1424 E Chase St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jos. Harris.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 26 (Day) 1908 (Year)

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jos Harris.

BIRTHPLACE OF FATHER (State or country): Wilmington Del.

MAIDEN NAME OF MOTHER: Maria Walsh

BIRTHPLACE OF MOTHER (State or country): County Kildare Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jannie Harris.

(Address) 1424 E Chase

Filed 7/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 2 1908, that I last saw him alive on July 2 1908, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Blue Baby.

Convulsions (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Fred W Weber M. D.

July 2 1908 (Address) 1721 Caulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Evergreen Cem

DATE OF BURIAL: July 3 1908

UNDERTAKER: W Dennis Wan

ADDRESS: 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C13500 Registered No. B [illegible]

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Hattie Kellner.

{Residence, if in Baltimore, Give Street and Number.} 1952 Ridgewood Ave, Walbrook

Duration of Residence in Baltimore. 27 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 26 1859

AGE 48 years, 6 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar H. Kellner

(Address) 1952 Ridgewood Ave

Filed 7/3 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3, 1908.

I HEREBY CERTIFY, That I attended deceased from June 7, 1908 to July 3, 1908 that I last saw her alive on July 3, 1908, and that death occurred, on the date stated above, at 5.15 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of stomach (DURATION) DAYS

(Signed) C.B. Freeman M.D.

Address 643 Columbia Ave

Date July 3rd 1908

Place of Burial Western

Date July 4 1908

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

79

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC13501

City of Baltimore, (No. 104, E. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann Cecilia Coll.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 11, 1846 (Month, Day, Year)

AGE: 62 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Philip Walsh

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine O'Rourke

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip W. Coll

(Address) 104 E. Lanvale St.

Filed 7/3 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 3, 1908 (Month, Day, Year)

I HEREBY CERTIFY, That I attended deceased from July 3rd 1908 to July 3rd 1908 that I last saw her alive on July 3rd 1908, and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

Pulmonary Oedema awake with dyspnea & cyanosis Hx Cancer —

(DURATION) DAYS

Contributory Mitral Insufficiency

Some years (DURATION) DAYS

(Signed) O. P. Prescott M. D.

July 3rd 1908 (Address) 1711 St. Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: July 5 1908

UNDERTAKER: Henry W. Means | ADDRESS: 805 W. Calvert St.

Ward 14 C13502 Registered No. B C13502

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1821 Lemmon St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie N. Evans

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 2nd 1907

AGE: 1 years, 12 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm H. Evans

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lauretta Cockrell

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Evans

(Address) 1821 Lemmon st

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from 7.2 1908 to 7.2 1908 that I last saw h in alive on 7.2 1908 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate) Cholera Infantum, following Whooping Cough.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Lalotaka M.D.

Address 211 W. Lanvale

Date July 3rd 1908

Place of Burial Western Cemetery

Date July 4th 1908

Undertaker C. F. McCormick

Address 1121 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13503 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 McMechen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Smith.

{ Residence, if in Baltimore, Give Street and Number. } 525 McMechen St

Duration of Residence in Baltimore. 36 Years C 13503

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	— — 1—
AGE	46 years, ... months, ... days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Smith

(Address) 525 Mc. Mechen St.

Filed 7/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from June 15th 1908 to July 2nd 1908

that I last saw h alive on July 2nd 1908,

and that death occurred, on the date stated above, at 9.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
& Asthenia

(DURATION) 90 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date July 8th 1908

Place of Burial Laurel Cemetery

Date July 4, 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C13504

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward H. Osborn.

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Sup.

(Address) BAY VIEW ASYLUM.

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to July 2 1908 that I last saw h.. alive on July 2 1908, and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaust.

(DURATION) DAYS

(Signed) H. H. Baker M.D.

Address Bay View Asylum

Date July 2 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 3 1908 190

Undertaker G. L. Hurley

Address 931 N. Mt. St.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C13505 Registered No. B

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Steuber.

{ Residence, if in Baltimore, Give Street and Number. } 1715 N. Bethel

Duration of Residence in Baltimore. –

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	1
AGE	26 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	–
BIRTHPLACE OF FATHER (State or country)	–
MAIDEN NAME OF MOTHER	–
BIRTHPLACE OF MOTHER (State or country)	–
OCCUPATION OF DECEASED	Candy Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemmie Hollyday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/3 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from May 29 1908 to July 2 1908 that I last saw h.im alive on July 2 1908, and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis.

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 10 DAYS

(Signed) W W Esher M.D.

Address Bay View Asylum

Date July 3 1908

Place of Burial Holy Redeemer

Date July 5 1908

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12. C13505 Registered No. B C13506 116

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Dawson

{Residence, if in Baltimore, Give Street and Number.} 343 E- 24th St

Duration of Residence in Baltimore. 3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — 1

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Lawrence Mass.

FULL NAME OF FATHER Robt Butler

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H P Dawson

(Address) 343 - E 24th St

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2. 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 2 1908 that I last saw her alive on July 2 1908, and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate) Acute Diffuse Peritonitis with perforation

(DURATION) 5 DAYS

Contributory (Primary.) Chronic Peritonitis (DURATION) 2 yrs DAYS

(Signed) Joseph S Gannon M.D.

Address 848 N. North Ave.

Date July 2. 1908

Place of Burial Waltham Mass.

Date July 3rd 1908

Undertaker W. W. Cook

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C13507 Registered No. B C13507

CERTIFICATE OF DEATH. 105

(Place of Death.) No. St. Vincents Infant & Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanch Lynn (Lynn)

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH June 21 1901

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant & Asylum

(Address)

Filed 7/3 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 1st 1908 that I last saw h.. alive on .. 1908 and that death occurred, on the date stated above, at X2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tbs Colitis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Finlen M.D.

Address 9.E. Biddle St.

Date July 2nd 1908

Place of Burial New Cathedral

Date July 3 1908

Undertaker Martin F. Fahey & Son

Address 626 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 013508 — Registered No. B 013508

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asy, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Johnson

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address)

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to July 2 1908

that I last saw her alive on 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. S. Tinker M.D.

Address 9. E. Biddle St.

Date July 2nd 1908

Place of Burial New Cathedral

Date July 3 1908

Undertaker Martin Fahey & Son

Address 606 Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13509 Registered No. B

CERTIFICATE OF DEATH. 43

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgia Dennis

{ Residence, if in Baltimore, Give Street and Number. } 502 Mc Mechen St.

Duration of Residence in Baltimore. Twenty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH July 3 1908

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Northumberland Co. Va.

FULL NAME OF FATHER Walter Hayes

BIRTHPLACE OF FATHER (State or country) Northumberland Co. Va

MAIDEN NAME OF MOTHER Rachel Curry

BIRTHPLACE OF MOTHER (State or country) Northumberland Co Va

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Curry

(Address) 502 Mc Mechen

Filed 7/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from May 19 1908 to July 3 1908 that I last saw h alive on July 3 1908 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of both breast

1 yr. & 6 mos. (DURATION) — DAYS

Contributory (Primary) Over-Exhaustion

(DURATION) — DAYS

(Signed) Edward J. Wheatley M.D.

Address 1230 E. Hill Ave

Date July 3 1908

Place of Burial Mount Zion

Date July 5 1908

Undertaker John H Bowen & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13510

City of Baltimore, (No. 5 St. Catharine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A. Jordan

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Dec 16 1907 (Month) (Day) (Year)
AGE	— years, 6 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balt city
FULL NAME OF FATHER	Wm H Jordan
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Parker
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jarden

(Address) No 5 Catharine st

Filed 7/3 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 23rd 1908 to July 2nd 1908 that I last saw h im alive on July 2 1908, and that death occurred, on the date stated above, at 10-20 A. M. The CAUSE OF DEATH was as follows:

Vomiting & Diarrhoea

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) H. N. Fair M. D.

July 2 1908 (Address) 12 E 25th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Marys, Hampden	July 4th 1908
UNDERTAKER	ADDRESS
A F Bulbin	1711 Allen

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C13511 Registered No. B C13511

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2200 Cambridge St. Kostancija Groszchowski St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Kostancija Groszchowski.

{ Residence, if in Baltimore, Give Street and Number. } 2200 Cambridge St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Filix Groszchowski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Adamina Lewandowska.

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix Groszchowski.

(Address) 2200 Cambrige St.

Filed 7/3 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from June 21st 1908 to July 2nd 1908, that I last saw her alive on July 2nd 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteri Collitis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date July 2nd 1908

Place of Burial Holy Rosary.

Date Saturday July 4th 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 7 — C13512 — Registered No. B C13512

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Genofa Garczynska

{Residence, if in Baltimore, Give Street and Number.} 1604 Lancaster St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 1 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Pawel Garczynski

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Mary Filarzinska

BIRTHPLACE OF MOTHER (State or country) Russia Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pawel Garczynski

(Address) 1604 Lancaster St

Filed 7/3 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 3 1908 that I last saw h[illegible] alive on July 3 1908, and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 E Lombard

Date July 3 1908

Place of Burial Holy Rosary

Date Saturday July 4" 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C13513 Registered No. B C13513

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 523 N. Carey — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosina M. Dubel

{Residence, if in Baltimore, Give Street and Number.} 523 N. Carey St

Duration of Residence in Baltimore. about 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH sept 16 1832

AGE 75 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Wendel Kittman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Senger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William D. Dubel

(Address) 1203 Franklin St

Filed 7/3 1908

HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3d 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to July 3d 1908 that I last saw her alive on July 2 1908, and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

Valvular in character

(DURATION) 163 DAYS

Contributory (Primary.) E —

(DURATION) DAYS

(Signed) J. D. Norris M.D.

Address 122 N Fayette St

Date July 3d 1908

Place of Burial London Park Cemetery

Date July 5th 1908

Undertaker Stewart & Mowen Co.

Address 215 Park Ave.

J. C. DULANY CO., BALTIMORE.

J. D. Norris Fayette & Carey

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C13514 Registered No. B C13514

CERTIFICATE OF DEATH. 179

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Luth Virginia Cohen

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct. 6 1907 +

AGE: ..... years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Mongolia Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle Asst.

(Address) Nursery & Childs Hospital

Filed 7/3 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 6 1908 to July 2 1908 that I last saw h— alive on July 2 1908, and that death occurred, on the date stated above, at 10 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Ruhrah M.D.

Address 339 N Eutaw St

Date July 2 1908

Place of Burial Baltimore

Date July 3rd 1908

Undertaker David Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C13515 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1917 E. Alvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kircher

{ Residence, if in Baltimore, Give Street and Number. } 1917 E. Alvin

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH January 17 1885

AGE 22 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Anton Kircher

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Handschuh

(Address) 1917 E Alvin

Filed 7/3 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2nd 1908

I HEREBY CERTIFY, That I attended deceased from March 10th 1908 to July 2nd 1908 that I last saw h[illegible] alive on July 1st 1908, and that death occurred, on the date stated above, at 3:40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 4 Months

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1507 E Eager

Date July 3rd 1908

Place of Burial Mt Olivet Cemetery

Date July 4 1908

Undertaker Robt J Turner

Address 1211 Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

C 13516

Registered No. B .....

City of Baltimore, (No. 318 N Poppleton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles F Granger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 5 (Month) (Day) 1907 (Year)

AGE: ..... years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Everton F Granger

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Maud A Peeler

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Everton F Granger

(Address) 318 N Poppleton

Filed 7/3 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to — 190—

that I last saw h.. alive on July 2 1908,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Acute milk infection

Collapsed suddenly (DURATION) few hours DAYS

Contributory

(DURATION) ..... DAYS

(Signed) M B Kind, M. D.

July 3 1908 (Address) 604 N Gilmore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: July 4 1908

UNDERTAKER: Wilbur W Schnorr | ADDRESS: 36 Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C1351 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 S. Wolf St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wladyslawa Glowinski

{ Residence, if in Baltimore, Give Street and Number. } 720 S. Wolf Str

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 27 1904

AGE: ..... years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Kazmier Glowinski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Anne Szymkowiak

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Glowinski

(Address) 720 S. Wolf St

Filed 7/4" 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2d 1908

I HEREBY CERTIFY, That I attended deceased from July 2d 1908 to July 2 1908 that I last saw h[illegible] alive on July 2d 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Infantile

(DURATION) 4 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 DAYS

(Signed) S. J. Szmalski M.D.

Address 1713 Bank St

Date July 3d 1908

Place of Burial Holy Rosary

Date July 4th 1908

Undertaker Jacob Siakowski

Address 428 S. Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13518 Registered No. B 165

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nickolas Moullis.

{Residence, if in Baltimore, Give Street and Number.} 434 S. Stricker

Duration of Residence in Baltimore. acted as Coroner

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Greece

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) Greece

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) Greece

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Bosek

(Address) 434 S. Stricker

Filed 7/4" 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Internal Haemorrhage from rupture of Liver & Spleen

..... (DURATION) ..... DAYS

Contributory (Primary) (Accidentally fell between two cars and crushed)

..... (DURATION) ..... DAYS

(Signed) Herbert C Blake M.D.

Address 1014 N. Lafayette

Date July 1, 1908

Place of Burial St Peters Cemetery

Date July 4/08 1908

Undertaker H & B Brauning

Address 518 Poplar St.

See following Certificate

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nicholas Muia

{Residence, if in Baltimore, Give Street and Number.} 434 S. Stricker ST.

Duration of Residence in Baltimore. Unknown C13518

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Wh.

DATE OF BIRTH ..... 1 .....

AGE ..... 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph Duppy

(Address) Franklin Sq. Hosp.

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... July 1 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 1 1908

that I last saw h sin alive on July 1 1908

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage

..... 1 ..... (DURATION) 1 DAYS

Con'tributory (Primary.) Rupture ?

Spleen + liver ..... (DURATION) 1 DAYS

(Signed) Ralph Duppy M.D.

Address Franklin Sq. Hosp.

Date 7/2/08 190

Place of Burial .....

Date 190

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE

Morgue

128

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 14 — C13519 — Registered No. B 115

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Tabb

{ Residence, if in Baltimore, Give Street and Number. } Hampton, Va.

Duration of Residence in Baltimore. About four weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1880

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hampton Va.

FULL NAME OF FATHER: Thomas Tabb

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Virginia Jones

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. T. Mason,

(Address) Hampton, Va.

Filed 7/4" 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd, 1908 ~~190~~

I HEREBY CERTIFY, That I attended deceased from June 11, 1908 to July 3, 1908

that I last saw h er alive on July 3, 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia following splenectomy for splenic anaemia.

(DURATION) 7 DAYS

Contributory (Primary.) Chronic nephritis & splenic anaemia (DURATION) 2 ~~yrs~~ years

(Signed) Virginius Wroth, Jr. M.D.

Address Union Prot. Infy.

Date July 3rd 1908

Place of Burial Norfolk Va

Date July 4th 1908

Undertaker Henry W. Jenkins & Sons Co

Address 300 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C13520 Registered No. B C13520

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1503 Fairmt Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Easton.

{Residence, if in Baltimore, Give Street and Number.} 1503 Fairmount

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 48 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Calvert Co

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Calvert Co

OCCUPATION OF DECEASED labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Snoden

(Address) 1503 Fairmont Ave

Filed 7/4 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ... and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Corner Md

Date July 3 06. 190

Place of Burial Asbury Cemetery

Date July 4 1908

Undertaker John W Henderson

Address 31 Hendrie st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C13521 Registered No. B C13521

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1221 Riviside ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Hook

{Residence, if in Baltimore, Give Street and Number.} 1221 Riviside ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH July 2nd 1908

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William P. Hook

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Annie J Welsh

BIRTHPLACE OF MOTHER (State or country) Baltimore md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Hooke

(Address) 1221 Riverside ave.

Filed 7/4 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1908

I HEREBY, CERTIFY, That I attended deceased from July 3 1908 to same day 1908 that I last saw h er alive on July 3- 1908, and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary) Premature birth (DURATION) DAYS

(Signed) G T Denton M.D.

Address 227 East Cross St

Date July 3rd. 1908

Place of Burial Holy Cross Cem.

Date July 4th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C13522 — Registered No. B C13522

CERTIFICATE OF DEATH. 159

(Place of Death.) No. 1112 Haubert St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Peters

{Residence, if in Baltimore, Give Street and Number.} 1112 Haubert St

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 25 1875
AGE	33 years, — months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henrietta Peters (wife)

(Address) 1112 Haubert St

Filed 7/4 8 190

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1905

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 4.30 M. CAUSE OF DEATH (Secondary or Immediate)

Suicide

Pistol shot wound in the head

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Theo H Reinhardt M.D.

Address Coroner

Date July 3. 1905

Place of Burial Mount Carmel

Date July 4th 1905

Undertaker Jos. Sturtz Corp.

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C13523 Registered No. B C13523

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1340 St. Towson (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Guy William Alley.

{ Residence, if in Baltimore, Give Street and Number. } 1340 Towson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 5 Nov 1907

AGE ____ years, 8 months ____ days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Guy Williams Alley

BIRTHPLACE OF FATHER (State or country) Kentucky

MAIDEN NAME OF MOTHER Rose Hoffman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hoffman

(Address) 1340 Towson st.

Filed 7/4 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 July 1908

I HEREBY CERTIFY, That I attended deceased from June 25th 1908 to July 3 1908

that I last saw him alive on July 1 1908.

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 8 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) James Cooper M.D.

Address 1322 Hanover St

Date 3rd July 1908

Place of Burial St Pauls

Date July 4 1908

Undertaker Jos. Stuntz Est

Address 1515 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. C 13524

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mathias Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carl Moxley

Residence, Give Street and Number, 1605 Covington St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W

DATE OF BIRTH: 1

AGE: 22 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Fred Co. Md

FULL NAME OF FATHER: Reuben Moxley,

BIRTHPLACE OF FATHER (State or county): Montgomery Co.

MAIDEN NAME OF MOTHER: Amanda C Arnard,

BIRTHPLACE OF MOTHER (State or county): Fred Co.

OCCUPATION OF DECEASED: Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Moxley

(Address) 1605 Covington St

Filed 7/4 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 1906 to [illegible] 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate,)

Struck due to laceration on left side

Accident

(DURATION) hrs DAYS

Contributory (Primary) Accident Fatally Caused between Eugenie and Friday

(DURATION) DAYS

(Signed) Fabrick J Martin M. D.

Coroner.

Address

Date July 4 1908

Place of Burial Jamesville Fredrick Co Md

Date July 4 1908

Undertaker Edward L Lanning

Address 1460 Battery Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C13525 Registered No. B C13525

CERTIFICATE OF DEATH.

11 V

(Place of Death.) No. 616 N Mulberry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda C. Ebeler

{Residence, if in Baltimore, Give Street and Number.} 616 N. Mulberry St

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	WL
DATE OF BIRTH	Aug 26 1842
AGE	67 years, 10 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	✓
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Ebeler

(Address) 616 N Mulberry

Filed 7/14 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to July 2 1908 that I last saw her alive on July 2 1908 and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertraphic Cirrhosis of Liver

(DURATION) 60 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) L. E. Beach M.D.

Address 837 N. Fayette st

Date July 13 1908

Place of Burial Old St Pauls Lutheran Cemetery

Date July 5 1908

Undertaker Wm A Rohde Sons

Address 730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C13526 Registered No. B C13526

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1834 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Elmer Dietz

{ Residence, if in Baltimore, Give Street and Number. } Inv. 1834 N. Bond St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 28, 1907

AGE ..... years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Charles E. Dietz

BIRTHPLACE OF FATHER (State or country) Baltimore city

MAIDEN NAME OF MOTHER Caroline W. Zinckel

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. E. Dietz

(Address) Inv. 1834 N. Bond St.

Filed 7/4 1908 HERBT C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2, 1908

I HEREBY CERTIFY, That I attended deceased from June 28, 1908 to July 2, 1908 that I last saw him alive on July 2, 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Several weeks (DURATION) DAYS

Contributory (Primary.) Gastro-Intestinal Catarrh Bowel trouble. (DURATION) DAYS

(Signed) A. A. Elwell, M.D.

Address 1741 Hanford ave

Date July 3, 1908

Place of Burial Loudon Park Cem

Date July 4 1908

Undertaker A. Sands & Sons

Address 710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C13527

City of Baltimore, (No. N 714 Woodyear St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Milton Braxton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: May (Month) 3 (Day) 1908 (Year)

AGE: ..... years, One months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Milton L. Braxton

BIRTHPLACE OF FATHER (State or country): Westmoreland Co., Virginia

MAIDEN NAME OF MOTHER: Augusta Jane

BIRTHPLACE OF MOTHER (State or country): Lancaster Co. Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Missouri Decatur

(Address) 714 Woodyear St

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1st (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 8 A.M. July 1st 1908 to 11 A.M. July 1st 1908

that I last saw him alive on July 1st 1908,

and that death occurred, on the date stated above, at 11.30 A.M. The CAUSE OF DEATH was as follows:

Diarrhoea

Exhaustion

(DURATION) 2 DAYS

Contributory Intense heat

(DURATION) ..... DAYS

(Signed) A. J. Bell M. D.

190 (Address) 1321 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem | DATE OF BURIAL: July 4 1908

UNDERTAKER: JAMES H. DENNIS. | ADDRESS: 1532 PRESSTMAN ST.

Per J. M. Collins

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C13528

City of Baltimore, (No. 123 S. Fulton ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George H. Kettinger

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR white

DATE OF BIRTH July (Month) 2 (Day) 1908 Year)

AGE ——— years, ——— months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Kettinger

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Olivia Abigill

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ~~BELIEF~~.

(Informant) George Kettinger

(Address) 123 S Fulton Ave

Filed 7/4 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw him alive on July 3 1908,

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Heart paralysis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. Joh Vannelli M. D.

July 3 1908 (Address) 649 N Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cathedral Cem

DATE OF BURIAL July 4 1908

UNDERTAKER Jos D. Cook

ADDRESS 1002 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C13529 Registered No. B

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1925 E. Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine Thim

{Residence, if in Baltimore, Give Street and Number.} 1925 E. Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 2 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Anthony J. Thim

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Augusta Baker

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Anthony J. Thim

(Address) 1925 E Lombard st.

Filed 7/4 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from July 2nd 1908 to July 3 1908

that I last saw her alive on July 3 1908,

and that death occurred, on the date stated above, at 3 a.m. July 4-08

CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C J Carver M.D.

Address 1740 E Baltimore St

Date July 4 1908

Place of Burial Holy Redeemer

Date July 5 1908

Undertaker Jos J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

34

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13530

City of Baltimore, (No. 828 Remington Av. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Sondheim

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Moses Sondheim

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Koshland

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Sondheim

(Address) 828 Remington Ave

Filed 7/4 1908 HARRY C. ANDREWS, PARTY CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 6-25 1908 to 7-2 1908

that I last saw h[illegible] alive on 7-2 1908,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis General

(DURATION) 31 [illegible] DAYS

Contributory [illegible]

(DURATION) 10 DAYS

(Signed) H. J. Brandt M. D.

7/3 1908 (Address) 1631 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Clover Sholom | DATE OF BURIAL: July 5 1908

UNDERTAKER: Hart & Sondheim | ADDRESS: 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C13531 Registered No. B C13531

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 61 Jenkins Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph E. Mullen

{Residence, if in Baltimore, Give Street and Number.} 61 Jenkins

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 16 1905

AGE: 3 years, 1 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Michael R. Mullen

BIRTHPLACE OF FATHER (State or country): Baltimore, Md

MAIDEN NAME OF MOTHER: Ella J. Kirkpatrick

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella J Mullen

(Address) 61 Jenkins Lane

Filed 7/4 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 2 1908

that I last saw him alive on July 2 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Fever

(DURATION) 4 DAYS

Contributory (Primary) Heat

(DURATION) DAYS

(Signed) Reginald J. Tonry M.D.

Address 2206 York Road

Date July 3d 1908

Place of Burial St. Peters Cemetery

Date July 6th 1908

Undertaker John J Conran

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C13532 Registered No. B [illegible]

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1641 Monroe St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cora Miller Shriver

{Residence, if in Baltimore, Give Street and Number.} 1641 Monroe St, Baltimore Md

Duration of Residence in Baltimore. 18 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 19th 1880

AGE: 27 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Westminster, Md

FULL NAME OF FATHER: George A. Miller

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eugenia M. Horner

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward S. Shriver

(Address) 1641 Monroe St, Balto Md

Filed 7/4 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1908

I HEREBY CERTIFY, That I attended deceased from June 2nd 1908 to July 1st 1908

that I last saw her alive on July 1st 1908

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Head Trauma. Operation

Indesget

Half hour (DURATION) — DAYS

Con'tributory (Primary.) Head disease

Anaemia (DURATION) DAYS

(Signed) Jos. T. Hering M.D.

Address St Paul St & Mt Royal Ave Balto.

Date July 3rd 1908

Place of Burial Westminster Md.

Date July 5 1908

Undertaker W. Maurice Routson

Address Greene & Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C13533 Registered No. B C13533

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 1952 Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Sappington

{Residence, if in Baltimore, Give Street and Number.} 1952 Walbrook Ave.

Duration of Residence in Baltimore. Two Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: White
DATE OF BIRTH: Dec. 1st 1910	
AGE: 49 years, 7 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Bramble
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	"

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Sappington

(Address) 1952 Walbrook ave

Filed 7/4 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1st 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Acute Indigestion (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wilson Bardenheier M.D.

Address 700 Log ave. (Canton)

Date July 1st 1908

Place of Burial Fo Chester Kent Co. Chestertown

Date July 5 1908

Undertaker E. I Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1113 Low St ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Morris Volk

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE — years, 8 months, 5 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Volk

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosa Rosenberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Volk

(Address) 1113 Low st

Filed 7/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 2nd 1908 to July 3rd 1908 that I last saw h... alive on July 3rd 1908, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Entero-Colitis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. F. Lacey M. D.

July 4th 1908 (Address) 202 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Helmn Boardale | DATE OF BURIAL July 4, 1908

UNDERTAKER Max Lemmon | ADDRESS 1621 N. Eden st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C13535

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. Thomas Wilson Sanitarium St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Stubblefield

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: ~~July~~ (Month) ~~2~~ (Day) 1 Year)

AGE: ..... years, 4 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Garrett Stubblefield

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Matilda Ely

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Garrett Stubblefield

(Address) 409 S. Chester St.

Filed 7/4" 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: VII (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 26 VI 1908 to 4 VII 1908 that I last saw h[im] alive on 4 VII 1908, and that death occurred, on the date stated above, at 2.30 a.m. The CAUSE OF DEATH was as follows:

Neo - colitis

(DURATION) 12 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Henrietta M. Thomas M. D.

4 VII 1908 (Address) 1718 John St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 409 S. Chester St. How long at Place of Death? 8 Days

Where was disease contracted, if not at place of death? At home

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto. Cem.	July 6" 1908
UNDERTAKER	**ADDRESS**
Mudell & Sippel Bros	330 S. Bond

WM. J. C. DULANY CO., BALTIMORE

Ward 10 C13536 Registered No. B C13536

1506

CERTIFICATE OF DEATH.

(Place of Death.) No. 1017 E Preston St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Child of Chas & Clara Small

{Residence, if in Baltimore, Give Street and Number.} 1007 E Preston St

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 3 — 1908.

AGE ..... years, ... months, 1 day

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Chas Small

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Clara J Hutchins

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Small.

(Address) 1007 E Preston St

Filed 7/4" 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to July 4 1908

that I last saw him alive on July 4 1908

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Imperfect closure of ventricular septum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. B. Hutton M.D.

Address 1711 E Baltimore St.

Date July 4th 08 1908

Place of Burial Shrewsbury Pa.

Date July 5th 1908.

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

W

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C13537

Registered No. B.....

City of Baltimore, (No. Thomas Wilson Sanitarium St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Sill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [redacted] (Month) (Day) 1 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Solomon Sill

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosie Lipman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Sill

Address 137 N. Gay St

Filed 7/4 " 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 4 VII (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 3 VII 1908 to 4 VII 1908

that I last saw him alive on 4 VII 1908,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as ~~follows~~:

Gastro - Intestinal Intoxication

(DURATION) 2 DAYS

Contributory Toxemia

(DURATION) 2 DAYS

(Signed) Meinrath M. Thomas M. D.

4 1908 (Address) 1713 John St Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 137 N. Gay St. How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? At home

PLACE OF BURIAL OR REMOVAL: Washington Hebrew Cem. | DATE OF BURIAL: July 5 1908

UNDERTAKER: Max Levinson | ADDRESS: 1620 Elderry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 013538 Registered No. B 013538

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 1713 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Paff.

{ Residence, if in Baltimore, Give Street and Number. } 428 S. Durham St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1903

AGE: 5 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Paff

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Paff

(Address) 428 S. Durham st

Filed 7/4" 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of Brain by being struck by Car

(DURATION) DAYS

Contributory (Primary.) Accident

(DURATION) DAYS

(Signed) Thomas Dudley M.D.

Address 320 N Greene st

Date ....1908....

Place of Burial St Paul cemetery

Date July 6th 1908

Undertaker J. R. Leach & Son

Address 582 N. Patterson Pk Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13539 Registered No. B. 1

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie Steinberger

{ Residence, if in Baltimore, Give Street and Number. } 1009 Low St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W.

DATE OF BIRTH: 1

AGE: 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Louse steinberger

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Esther steinberger

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louse steinberger

(Address) 1009 Low st

Filed 7/4 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4, 1908.

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 4, 1908 that I last saw her alive on July 4, 1908 and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary) Sepsis and Exhaustion (DURATION) DAYS

(Signed) W. J. Schmitz, M.D.

Address Baltimore City Hospitals.

Date July 4 1908.

Place of Burial Hebrew cemetery

Date July 5 1908

Undertaker Mar Lungren.

Address 1620 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

C13540

Ward 14 C13540 Registered No. B

CERTIFICATE OF DEATH.

108

Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Bella Rattenberg

{Residence, if in Baltimore, Give Street and Number.} 46 S. Green St

Duration of Residence in Baltimore. 14 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Don't No

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Don't No

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Rattenberg

(Address) 46 S. Green st

Filed 7/4 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 4 1908 that I last saw h alive on July 4 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) 2 DAYS

Contributory (Primary) Strangulated Umbilical Hernia (DURATION) 5 DAYS

(Signed) J. H. Bud M.D.

Address University Hospital

Date July 4 1908

Place of Burial Philadelphia

Date July 5, 1908

Undertaker Max Levinson

Address 1620 N. Eden St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C1:3541

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 254 S Caroline St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Child of Aaron & Rose Roseman. Aaron.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	July. (Month) 4 (Day) 1908 (Year)
AGE	..... years, ... months, 12 hours
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Aaron Roseman
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Rose Dulonski
BIRTHPLACE OF MOTHER (State or country)	Russia.
OCCUPATION OF DECEASED	N.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aaron Roseman

(Address) 254 S. Caroline St

Filed 7/ 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 4 1908 that I last saw h[er] alive on July 4 1908, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Asthenia - Atelectasis
Delayed Labor of Mother -
Instrumental Delivery. (Midwife Case)

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) Alfred Whitehead M. D.

July 5th. 1908 (Address) The Altamont Eastern Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip Rothman	190.....
UNDERTAKER	ADDRESS
Mortensen.	1620 McElderry

Ward 14

C13542

Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 E. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Schneemann

{Residence, if in Baltimore, Give Street and Number.} 1405 Clement St (Schneemann)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 16th 1908

AGE: ..... years, ... months, 16 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Michal Schneemann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Francis Gunder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michal Schneemann

(Address) 1405 E. Clement St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3 July 1908

I HEREBY CERTIFY, That I attended deceased from 2d July 1908 to 3d July 1908

that I last saw h.. alive on 2d July 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Jas Corbin M.D.

Address 1522 Bond St

Date 190

Place of Burial Holy Cross R.C. Ca.

Date July 5th 1908

Undertaker Jos. Stantubeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13543

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C13543

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C13543

City of Baltimore, (No. 1112 Guilford Avenue St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sallie I. Sachse.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: November 16 1870 (Month) (Day) (Year)

AGE: 37 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Ranson Greenwood

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Elizabeth Iris

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Nil-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Sachse

(Address) 1112 Guilford Ave

Filed 7/5 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July. (Month) 3rd. (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to July 3rd 1908.

that I last saw her alive on July 2 1908,

and that death occurred, on the date stated above, at 4 20 P.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

Uremia -

Scarlet Fever 6 years (DURATION) ago DAYS

Contributory Acute attack of

Anuria - (DURATION) 19 DAYS

(Signed) Alpert W. Hitchens M. D.

July 14. 1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: July 5 1908

UNDERTAKER: E. J. Fanning | ADDRESS: 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW ON THE OTHER SIDE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C13544 Registered No. C C13544

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 101 East (Annie E Henson) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E Henson

Residence, Give Street and Number, 101 East St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Abraham Hargus

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Nora Gunnage

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nora Gunnage

(Address) 101 East St

Filed 7/5 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 3 1908

that I last saw h[illegible] alive on July 1908

and that death occurred, on the date stated above, at 8 00 P M.

CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea in Adults

Continued Heat

Disease.

(DURATION) 3 DAYS

Contributory (Primary) Heart Disease

(DURATION) 3 DAYS

(Signed) Dr. L. M. Kennard M. D.

Address 710 Ensor St

Date July 4 1908

Place of Burial Robinson Station

Date July 5 1908

Undertaker R. A. Elliott

Address 516 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C13545 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Jackson

{Residence, if in Baltimore, Give Street and Number.} 1337 Argyle Ave

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 36 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Eli Jackson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sallie Laws

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Jackson

(Address) 1337 Argyle Ave

Filed 7/5 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4" 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to July 4" 1908 that I last saw h[illegible] alive on July 4" 1908, and that death occurred, on the date stated above, at 2 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Edwards M.D.

Address Johns Hopkins Hospital

Date July 4 1908

Place of Burial Lancaster Co. Va Monaskon Cem.

Date July 5 1908

Undertaker Robt. A. Elliott

Address 1500 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13546 Registered No. B C13546

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2232 Etting St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothy Harrison

{Residence, if in Baltimore, Give Street and Number.} 2232 Etting St.

Duration of Residence in Baltimore. entire life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: ~~July 1~~ 1 year

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Basil Harrison

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Ida Hucakins.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Hawkins

(Address) 2232 Etting St

Filed 7/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to June 30 1908 that I last saw h alive on June 30 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) George L. Doane M.D.

Address 721 N Eutaw St

Date 7/2/08 190

Place of Burial St Peters Cemetery

Date July 5 1908

Undertaker Wm H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13547 Registered No. B C13547

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 725 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert James Cornish

{ Residence, if in Baltimore, Give Street and Number. } 725 Dover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt city Md

FULL NAME OF FATHER: William Cornish

BIRTHPLACE OF FATHER (State or country): Balt City Md

MAIDEN NAME OF MOTHER: Ella Pina

BIRTHPLACE OF MOTHER (State or country): Balt city Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Williams

(Address) 725 dover St

Filed 7/5 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to July 3 1908 that I last saw him alive on July 2 1908, and that death occurred, on the date stated above, at 7.10 a. m. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) 5 DAYS

(Signed) W. L. Smith M.D.

Address 528 Hanover St

Date July 3 1908

Place of Burial Mt Auburn Cemetery

Date July 3 1908

Undertaker Geo H. Hooper

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C13548 Registered No. B C13548

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William G. D. Galtridge

{Residence, if in Baltimore, Give Street and Number.} 1901 E Madison St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~July 4~~ March 12 1908

AGE: ..... years, 3 months, 23 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo Galtridge

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lula Dudrow

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Galtridge

(Address) 1800 E Madison St

Filed 7/5 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to July 4 1908 that I last saw h.. alive on July 3 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alfred Gage M.D.

Address 709 N Bidway

Date 7/4/08 1908

Place of Burial Balto. Cem.

Date July 5th 1908

Undertaker Geo. M. Trinks

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B C13549

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 S. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lillian Gerlach

{Residence, if in Baltimore, Give Street and Number.} 430 S. Broadway

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 8th 1908

AGE: ..... years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Franklin P. Gerlach

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Hahn

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franklin P. Gerlach

(Address) 430 S. Broadway.

Filed July 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 4 1908

that I last saw h[illegible] alive on July 4 1908

and that death occurred, on the date stated above, at 3

M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Con'tributory (Primary.) Prematurity

(DURATION) DAYS

(Signed) Joseph L. Valentine M.D.

Address 16 S Broadway

Date July 4 1908

Place of Burial Mt Carmel

Date July 5th 1908

Undertaker H. Sander & Sons

Address 1710 Caton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

18

C13550

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

36

CERTIFICATE OF DEATH.

Registered No. B C13550

City of Baltimore, (No. 826 Harmony Lane St.; 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Jeffrey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: May (Month) 9 (Day) 1908 (Year)

AGE: — years, — months, 55 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Jefferson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jones

(Address) 506 Rogers

Filed Jul 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Inanition

..... (DURATION) ..... DAYS

Contributory Congenital Lues

(most probably) ..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M. D.

July 4 1908 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 5 1908

UNDERTAKER: R St G Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C13551 Registered No. B C13551

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 822 E. Pratt Street St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Paul Staszkun

{Residence, if in Baltimore, Give Street and Number.} 822 E. Pratt St. Baltimore Md.

Duration of Residence in Baltimore. All time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Adam Staszkun

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Eve Kwiatek

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Staszkun

(Address) 822 E Pratt St

Filed July 4 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 July — 1908

I HEREBY CERTIFY, That I attended deceased from 29 June 1908 to 4 July 1908 that I last saw him alive on 4 July 1908 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis acute.

(DURATION) 14 DAYS

Contributory (Primary) primary

(DURATION) DAYS

(Signed) Dr. Joseph Abramowitz M.D.

Address 578 S. Broadway

Date 4 July — 1908

Place of Burial St Stanislaus

Date Sunday July 5" 1908.

Undertaker M. F. Cardonski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13552 Registered No. B C13552

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 E. Madison St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Lewis Gladfelter

{Residence, if in Baltimore, Give Street and Number.} 1210 E. Madison st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Unknown

AGE 65 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward L Gladfelter

(Address) 291 George st

Filed July 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908

I HEREBY CERTIFY, That I attended deceased from June 17 - 1908 to July 4 - 1908 that I last saw h.. alive on " 2 - 1908, and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's disease

8 months (DURATION) DAYS

Contributory (Primary.) ——

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address Edwin B. Fenby, MD

Date Balto. July 4 - 1908

Place of Burial Mt Carmel Cem

Date July 6 — 1908

Undertaker Woodward

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 (C13553) Registered No. B C13553

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2325 E Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David J. Kirby

{Residence, if in Baltimore, Give Street and Number.} 2325 E. Chase St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE Death 51 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Frederick Sanborn

(Address 2325 E Chase St

Filed July 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3- 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease.
Sudden.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carullo M.D.

Address Coroner. Res.

Date July 3-08. 190

Place of Burial Mt. Carmel

Date July 6/08. 190

Undertaker Lowe & Son

Address 202 E Monument

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C13551 Registered No. B C13551 1900

CERTIFICATE OF DEATH.

(Place of Death.) No. 932 S. Paca St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Gorman

{Residence, if in Baltimore, Give Street and Number.} 932 S. Paca St.

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 1833
AGE	75 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Jas. Gallagy
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Daly

(Address) 932 S. Paca St.

Filed July 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to July 3d 1908 that I last saw h[er] alive on July 1st 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) 30 DAYS

Contributory (Primary.) Uraemia (DURATION) 1 DAYS

(Signed) Edw Smith M.D.

Address 517 Lemmon

Date July 3 1908

Place of Burial St. Peters Cemetery

Date July 6 1908

Undertaker Jas Dignan & Sons

Address 151 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C13555 Registered No. B C13555

CERTIFICATE OF DEATH.

50

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Toogood.

{Residence, if in Baltimore, Give Street and Number.} 1113 Madison Ave

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 76 years 1

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House servant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Riley

(Address) 1113 Madison Ave

Filed July 5 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 4 1908 that I last saw h[illegible] alive on July 4 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uterine Cancer

(DURATION) 1 DAYS

Contributory (Primary.) Uterine Hemorrhage

(DURATION) —— DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date July 4th 1908

Place of Burial Loudoun Park Cemetery

Date July 6 1908

Undertaker Riley B. Pyle

Address 1026 Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7D C13556 Registered No. B C13556

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1117 Elizibeth Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Scordo

{ Residence, if in Baltimore, Give Street and Number. } 1117 Elizibeth Lane

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 14 August 1907

AGE 0 m years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Scordo

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Sarah Marino

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Francis Marino

(Address) 1117 Elizabeth

Filed July 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to July 4 1908 that I last saw h alive on July 4 1908, and that death occurred, on the date stated above, at 7 8 M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 8 DAYS

Contributory (Primary) Meningitis (DURATION) 2 DAYS

(Signed) Arth L Reitzfeld M.D.

Address 827 Cresmont Ave

Date July 5 1908

Place of Burial Holly Rosary

Date July 5 1908 2 P.M.

Undertaker J. C. Huntebrinker Son

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C13557 Registered No. B C13557

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Phoenix

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Jan. 5, 1908

AGE ..... years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home St. Paul St.

Filed July 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 4 1908 that I last saw h[er] alive on July 3 1908, and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 2 Mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date July 6, 1908

Place of Burial Cathedral Cemetery

Date July 6th 1908

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

Registered No. C 13558

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 S Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hellen Molnons

Residence, Give Street and Number, 718 S Bond St

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Femail	White

DATE OF BIRTH 27 March 1908

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Friedrich Molnons

BIRTHPLACE OF FATHER (State or county) Gearmany

MAIDEN NAME OF MOTHER Francis Hilla

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Molnons

(Address) 718 S Bond St

Filed July 5 1908 Rcd

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to July 4 1908

that I last saw h m alive on July 3 1908

and that death occurred, on the date stated above, at 8 P.M

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary) Malnutrition

and Inth (DURATION) DAYS

(Signed) Joseph L Blentini M. D.

Address 165 Broadway

Date July 5 1908

Place of Burial St Mary

Date July 5 1908

Undertaker Wendell Dysel & Co

Address 37 S Mm St

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 14 C13559 Registered No. B C13559

CERTIFICATE OF DEATH.

132

(Place of Death.) No. Mercy Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Myles (Myles)

{Residence, if in Baltimore, Give Street and Number.} Carroll Manor, Howard Co. Md

Duration of Residence in Baltimore. One day

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE about 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Montgomery Co.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton Easton

(Address) Ellicott City

Filed July 5 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from July 4 10.A.M. 1908 to July 4 4.30 P.M. 1908

that I last saw her alive on July 4 1908,

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

General peritonitis

(DURATION) DAYS

Contributory (Primary) Double Pyo-salpingitis (DURATION) 7 DAYS

(Signed) Frank A. Ryan M.D.

Address Mercy Hospital

Date July 5 1908

Place of Burial Washington, D.C.

Date July 7 1908

Undertaker Mrs. Annie Easton & Sons

Address Ellicott City.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13560 Registered No. B C13560

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 401 3rd Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James A. McCann

{Residence, if in Baltimore, Give Street and Number.} 401 3d Ave,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Nov 3 1896

AGE 11 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Ed. McCann

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Margaret Welsh

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Schoolboy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. McCann

(Address) 401 3rd Ave

Filed July 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3, 1908

I HEREBY CERTIFY, That I attended deceased from 7/1 1908 to 7/3 1908 that I last saw h im alive on 7/3 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart,
Anasarca

(DURATION) 120 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Geo. W. DeHoff M.D.

Address 2203 N. Charles St

Date July 4, 1908

Place of Burial Mary's Cemetery

Date July 6 1908

Undertaker J. S. Marshall

Address 3537 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13561 Registered No. B C13561

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1021 Maldies St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel L. Lukhart

{Residence, if in Baltimore, Give Street and Number.} 1021 Maldies St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 3 1908

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Samuel Ruskell

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Cecil Lukehart

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Marie Kell

(Address 1021 Maldies St

Filed 7/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 3 1908

that I last saw h.. alive on July 3 1908

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Entero Colitis

(DURATION) 4 DAYS

Con ributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) F.C. Ferguson M.D.

Address 1006 S. Shapley St

Date July 5 1908

Place of Burial Western Cemetery

Date July 5 1908

Undertaker W J Fuhrer Sons

Address 425 W Camden St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 60

Registered No. B 013562

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 425 N. Rose St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Francis Smith

{Residence, if in Baltimore, Give Street and Number.} 425 N. Rose st

Duration of Residence in Baltimore. 5 6 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR White

DATE OF BIRTH May 23 1839

AGE 69 years, 1 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Fakher

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louise Smith

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Smith

(Address) 425 N. Rose st.

Filed Jan. 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from June 21 1908 to July 3 1908

that I last saw her alive on July 3 1908

and that death occurred, on the date stated above, at 5.55 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis +
nervious Prostration

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton ave

Date July 3 1908

Place of Burial Mt. Carmel Cem.

Date July 6th 1908

Undertaker Geo A. Moran

Address Bank & Annsbury

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 Ward — C13563 — Registered No. B C13563

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1715 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Wells

{Residence, if in Baltimore, Give Street and Number.} 1715 Harlem ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 15 1819

AGE: 88 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Isaac Wells

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Davis

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann A. Wells

(Address) 1715 Harlem ave

Filed July 5 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 4 1908 that I last saw him alive on July 3 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

(a) Dementia

(b)

(c)

(DURATION) 18 DAYS

Contributory (Primary) old age

(DURATION) in DAYS

(Signed) J W Smithers M.D.

Address 1327 W Fayette st

Date July 4 1908

Place of Burial Baltimore Cemetary

Date July 6th 1908

Undertaker E Madison Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13565 Registered No. B C13565

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1847 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Follmer

{Residence, if in Baltimore, Give Street and Number.} 1847 W. Pratt St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Follmer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorotha Hohmann

BIRTHPLACE OF MOTHER (State or country) Baltimore md

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Hohmann

(Address) 1847 W. Pratt St

Filed 7/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 4th 1908 that I last saw him alive on July 4th 1908, and that death occurred, on the date stated above, at 3.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ent-Colitis

(DURATION) 4 DAYS

Contributory (Primary.) Jaundice

(DURATION) DAYS

(Signed) E. A. Dunott M.D.

Address 1727 N. Lombard St.

Date July 6th 1908

Place of Burial Western Cemetery

Date July 6th 1908

Undertaker H. G. Browning & Son

Address 5. S. Poppleton St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C13566 Registered No. B C13566

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 513 N Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Policardo

{Residence, if in Baltimore, Give Street and Number.} 513 N. Barre St

Duration of Residence in Baltimore. 27 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 26 1847

AGE: 60 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Italy.

FULL NAME OF FATHER: Joseph Dantoni

BIRTHPLACE OF FATHER (State or country): Italy.

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Carrieri (daughter)

(Address) 513. N Barre St

Filed 7/5 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h~~im~~ alive on ~~1908~~

and that death occurred, on the date stated above, at 3 15 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

Signed Otto M Reinhardt M.D.

Address Coroner

Date July 4 1908

Place of Burial Saint Vincent cemetery

Date July 6 1908

Undertaker W J Tichner Sons

Address 425 W Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C13567

Ward 3 C13567 Registered No. B

CERTIFICATE OF DEATH. 18

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Annie Wolf

{Residence, if in Baltimore, Give Street and Number.} 132 S. Caroline St

Duration of Residence in Baltimore. 18 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Elie Farber

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Farber

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Farber.

(Address) 132 S Caroline st

Filed 7/5 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 5 1908 that I last saw h er alive on July 5 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) 7 DAYS

Contributory (Primary.) Endocarditis

(DURATION) 2 DAYS

(Signed) Ephraim Perry Levy M.D.

Address Hebrew Hospital

Date July 5 1908

Place of Burial Hebrew Rondale

Date July 6, 1908

Undertaker Mort Lemmier

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C13568 C13568 Registered No. B

CERTIFICATE OF DEATH.

199

(Place of Death.) No. 2017 Druid Hill Ave N St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Peter Scheibein (Scheibein)

{Residence, if in Baltimore, Give Street and Number.} 2017 Druid Hill Ave N

Duration of Residence in Baltimore. 7 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Oct 19 1907

AGE 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Boy

BIRTHPLACE (State or country) Baltimore County

FULL NAME OF FATHER Frank Scheibein

BIRTHPLACE OF FATHER (State or country) Hanover County

MAIDEN NAME OF MOTHER Laura A Schmidt

BIRTHPLACE OF MOTHER (State or country) West Virginia

OCCUPATION OF DECEASED Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Peter Ebert

(Address) 2017 Druid Hill Ave

Filed 7/5 1908 HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 5 1908 that I last saw him alive on July 5 1908, and that death occurred, on the date stated above, at 6.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition
(Cyhaustion)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Houck M.D.

Address 914 Pa. Ave.

Date July 5 1908

Place of Burial Methodist Phil Road

Date July 6 1908

Undertaker Geo Weber

Address 1155 N. Carey St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C13569 Registered No. B C13569

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Williams

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: Feb. 14, 1908.

AGE: ..... years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth, Home.

Filed 7/5" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5, 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 30 1908 to July 5, 1908 that I last saw him alive on July 4 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Marasmus

(DURATION) 4 mos. DAYS

(Signed) A. C. Gillis M.D.

Address 519 N. Carolina St.

Date July 6, 1908

Place of Burial Cathedral Cemetery

Date July 6th 1908

Undertaker Felix B. Pye

Address 102 S. Mulberry St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13570 Registered No. B C13570

CERTIFICATE OF DEATH. Ginsberg

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Fanny Ginsberg

{Residence, if in Baltimore, Give Street and Number.} 1004 E. Pratt St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 45 years, ___ months, ___ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Samuel Puchofski

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Puchofski

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Puchofski

(Address) 1004 E pratt st

Filed 7/5 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 5 1908 that I last saw her alive on July 5 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea.

(DURATION) DAYS

Contributory (Primary.) Typhoid fever 2

(DURATION) DAYS

(Signed) Conrad Schmitt M.D.

Address City Hosp.

Date July 5 1908

Place of Burial Hebrew Washington

Date July 6, 1908

Undertaker Max Leizman

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C13571 — C13571 — Registered No. B

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 211 Stafford Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Colley

{Residence, if in Baltimore, Give Street and Number.} 211 Stafford Lane

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 52 years, about months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Colley

(Address) 211 Stafford Lane

Filed 7/5 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to July 3 1908

that I last saw h[illegible] alive on July 2 1908, and that death occurred, on the date stated above, at 1[illegible]0 M. CAUSE OF DEATH (Secondary or Immediate)

Cancerous Cervix

One year (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) L. L. Hawkins M.D.

Address 1202 O'Neill ave

Date July 5 1908

Place of Burial New Cathedral

Date July 5. 1908

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

C13572

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

45

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13572

City of Baltimore, (No. 2107 Callow Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernhard Rosenower

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) 1 (Day) Year)

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Abraham Rosenower

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Meyer

(Address) MARRY ST. ANDREWS

Filed 7/6 1908 PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1908 to July 4 1908

that I last saw h— alive on July 4 1908,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Cancer of Bladder

6 mon (DURATION) DAYS

Contributory Cardiac Asthenia

(DURATION) 2 DAYS

(Signed) J. F. Heiligman M. D.

July 8 1908 (Address) 1920 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fedl Point Cemetery	July 6 1908
UNDERTAKER	ADDRESS
J. Ahrens & Co	160 E. Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C13573 Registered No. B C13573

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 1021 Clifton Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Radwitch

{ Residence, if in Baltimore, Give Street and Number. } Life time 1021 Clifton Place

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 5 1908

AGE: Half years 1 months 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Mary A Radwitch

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Rose Connalley

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Radwitch

(Address) 1021 Clifton Place

Filed 7/6 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6, 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 6 1908 that I last saw h alive on July 5, 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Contributory (Primary.)

Half an hour (DURATION) DAYS

(Signed) W. F. Whitehead M.D.

Address 1115 Eutaw

Date July 6 1908

Place of Burial Mt Olivet Cathedral

Date July 6 1908

Undertaker Henry Haeck & Son

Address 1301 & 1303 Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13574 C13574

Ward 10 Registered No. B

CERTIFICATE OF DEATH. 13

(Place of Death.) No. 1040 Somerset St. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name George Hauck (Heck)

{Residence, if in Baltimore, Give Street and Number.} 9 years 1058 Somerset St

Duration of Residence in Baltimore. Fort Ave

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	41 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	Not known
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Miller

(Address) 1040 Somerset St.

Filed 7/6 190 HARRY C. ANDERSON, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from July 2nd 1908 to July 5th 1908 that I last saw him alive on July 5th 1908 and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate

Collapse

Cholera Nostras.

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Stockert M.D.

Address 1719 Eager St

Date July 5th 1908

Place of Burial Western Cemetery

Date July 7 1908

Undertaker Henry Hauck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 23 — C13575 — Registered No. B C13575

CERTIFICATE OF DEATH.

(Place of Death.) No. 1731 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 1

Full Name Lidian M. Burnette

{Residence, if in Baltimore, Give Street and Number.} 1731 S. Charles St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb 1 1903

AGE: 5 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robt Burnette

BIRTHPLACE OF FATHER (State or country): W. Va

MAIDEN NAME OF MOTHER: Fannye Radigan

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Robt. Burnette

(Address) 1731 S. Charles St,

Filed 7/6 1908

BARRY O'ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 5 1908 that I last saw h— alive on July 4 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Scarletinal
Toxaemia

(DURATION) 2 DAYS

Con'tributory (Primary.) Scarlet
Fever (DURATION) 3 DAYS

(Signed) R. E. R. Campbell M.D.

Address 1644 Hanover St.

Date July 5 1908

Place of Burial Holy Cross

Date July 6 1908

Undertaker D. Dulany & Sons

Address 1281 W. Mulberry St.

10 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 24 C13576 Registered No. B C13576

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1520 Cuba St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna E. Schneider

{Residence, if in Baltimore, Give Street and Number.} 1520 Cuba St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 3rd 1907

AGE — years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo. Bartlett

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie E. Schneider

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Schneider

(Address) 1520 Cuba St

Filed 7/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to July 5 1908 that I last saw her alive on July 4 1908, and that death occurred, on the date stated above, at 2 o. P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 35 DAYS

Contributory (Primary) Teething & hot weather (DURATION) DAYS

(Signed) E. L. Peterson M.D.

Address 1103 S. Eden St

Date July 5 1908

Place of Burial Trinity Cem.

Date July 6th 1908

Undertaker J. Herwig & Son

Address 2008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C13577

Ward 10 C13577 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1742 Mulliken. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lydia Steward

{ Residence, if in Baltimore, Give Street and Number. } 1742 Mulliken st

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Brooks

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Hill

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: washing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bell Steward

(Address) 1742 Mulliken st

Filed 7/6 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 3 1908 that I last saw h[illegible] alive on July 2 1908 and that death occurred, on the date stated above, at 11:40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

about 9 months (DURATION) ..... DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 3 days

(Signed) A. C. Eisenberg M.D.

Address 2213 Orleans st

Date July 4 1908

Place of Burial Laurel Cemetery

Date July 6 1908

Undertaker R. Appleman

Address 506 Aisquith st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B C13578

C13578

CERTIFICATE OF DEATH.

42

(Place of Death.) No. St. Josephs Roman Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joanne E. Cassidy

{Residence, if in Baltimore, Give Street and Number.} 743 E. Preston St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 15 1866
AGE	42 years, 1 months, 19 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	George Spence
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Reilly
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cassidy

(Address) 743 E. Preston St.

Filed 7/6 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908

I HEREBY CERTIFY, That I attended deceased from June 27- 1908 to July 4th 1908 that I last saw h.. alive on July 4th 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. Kirby M.D.

Address 1106 N. Ave.

Date July 4th 1908

Place of Burial Cathedral Cemetery

Date July 7th 1908

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

C13579

Ward 20

C13579

Registered No. B

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 401 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Grossmann

{ Residence, if in Baltimore, Give Street and Number. } 401 Frederick Ave

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	white
DATE OF BIRTH	June 5th 1862
AGE	46 years, — months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Wm Michan
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Julia Mentzel
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernst Grossmann

(Address) 401 Frederick Ave

Filed 7/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4, 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 3 1908 that I last saw her alive on July 3 1908, and that death occurred, on the date stated above, at 1.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Epitheliona Uteres
Operated, Heart failure
Peritonitis (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred. W. Taber. M.D.

Address 1721 Caulton ave

Date July 5, 1908

Place of Burial Trinity Evan. Luth. Cr

Date July 6th 1908

Undertaker Wm B Crothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13560 Registered No. B C13560

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 418 E Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles E Sewell

{ Residence, if in Baltimore, Give Street and Number. } 418 E Chestnut

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 20 1907
AGE	..... years, 6 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm H Sewell
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Kate Cosgrove
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Sewell

(Address) 418 E. Chestnut

Filed 7/6 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 5 1908

that I last saw h.. alive on July 5 1908

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2729 Eutaw Ave

Date July 5 1908

Place of Burial St Patricks Cem

Date July 6 1908

Undertaker E Hardesty Son

Address 710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13581 Registered No. B C13581

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 S. East Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Reynolds

{Residence, if in Baltimore, Give Street and Number.} 212 S. East Ave

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 21st 1878

AGE: 29 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Harry Reynolds

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Annie Sauer

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Mitchell

(Address) 212 S. East Ave

Filed 7/6 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from Feb 9 1907 to July 3 1908 that I last saw him alive on July 3 1908 and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) about 30 DAYS

Con'tributory (Primary.) Phthisis

Pulmonalis (DURATION) about 3 years

(Signed) R. P. Carman M.D.

Address 1707 N. Carolina

Date July 5 1908

Place of Burial St. Evangelical

Date July 6 1908

Undertaker H. Landis Sons

Address 710 Carlton Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C13582 Registered No. B C13582

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2634 Fouden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Krah

{Residence, if in Baltimore, Give Street and Number.} 2634 Fouden Ave.

Duration of Residence in Baltimore. 75 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: November 6 1833

AGE: 74 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Ullrich

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mont Lenen

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ann P. Burton

(Address) 2634 Fouden Ave

Filed 7/6 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to July 4 1908 that I last saw her alive on July 3 1908, and that death occurred, on the date stated above, at 2.35 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.) old age

(DURATION) — DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick Ave

Date July 4 1908

Place of Burial Loudon Park

Date July 6 1908 190

Undertaker Jos B Cook

Address 1003 Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C13583 Registered No. B C13583

CERTIFICATE OF DEATH. 7

(Place of Death.) No. 1619 McHenry str. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm. Lawrence Beadenkoff

{ Residence, if in Baltimore, Give Street and Number. } 1619 McHenry str.

Duration of Residence in Baltimore. Since Birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 2nd 1899

AGE 9 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Wm. C. Beadenkoff

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Carrie C. Davis

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Steam Fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Davis

(Address) 1911 Franklin str

Filed 7/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1908

I HEREBY CERTIFY, That I attended deceased from July 2nd 1908 to July 5th 1908 that I last saw him alive on July 5th 1908 and that death occurred, on the date stated above, at 2.35

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Uraemia

(DURATION) DAYS

Contributory (Primary) Scarlet Fever

(DURATION) 1 DAYS

(Signed) Charles H. A. Meyer M.D.

Address 1031 N. Caroline str.

Date July 5th 1908.

Place of Burial Western

Date July 6 1908

Undertaker C. B. Cook

Address 1003 E. Baltd St

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C13584 Registered No. B C13584

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 787 Ramsey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Knapp (Knabb)

{Residence, if in Baltimore, Give Street and Number.} 787 Ramsey St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE — years, 6 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frederick Knapp

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Annie Depkin

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Knapp

(Address) 787 Ramsey St

Filed 7/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from July 30 1908 to July 4 1908 that I last saw her alive on July 4 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea + Enteritis

(DURATION) 5 DAYS

Contributory (Primary.) Toxemia and spasms (DURATION) DAYS

(Signed) J. E. Timus M.D.

Address 855 Columbia ave

Date July 4 1908

Place of Burial Western cemetery

Date July 6th 1908

Undertaker John J Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C13585

Ward 22 C13585 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 W Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Angela Fitzsimmons

{Residence, if in Baltimore, Give Street and Number.} 409 W Lee st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 9 1907

AGE ..... years, 10 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John J. Fitzsimmons

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Cath. Chambers

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fitzsimmons

(Address) 409 W. Lee st

Filed 7/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 4 1908 that I last saw her alive on July 4 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis
Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Baltzell Bruce M.D.

Address 828 N Carrollton Ave

Date July 6 1908

Place of Burial Cathedral Cemetery

Date July 6 1908

Undertaker F.A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, [illegible]

Ward 17 C13586 Registered No. B C13586

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 518 Walnut- ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Georgianna Rebecca Still

{Residence, if in Baltimore, Give Street and Number.} 518 Walnut- ave.

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: May 30th 1890

AGE: 18 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Henry Still

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Frederick Md

BIRTHPLACE OF MOTHER (State or country): Frederick Md.

OCCUPATION OF DECEASED: Operator on Lillywhite machine

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Mary E. Still (Stepmother)

(Address) 518 Walnut- ave

Filed 7/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 4 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to July 3 1908 that I last saw h[illegible] alive on July 3 1908, and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

4 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Waters M.D.

Address 1711 Madison Ave.

Date July 6th 1908

Place of Burial New Cathedral

Date July 6th 1908

Undertaker P.A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C13587 Registered No. B C13587

138

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida May Brown.

{Residence, if in Baltimore, Give Street and Number.} 127 E Ostend St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry K Brown

(Address) 127 E Ostend

Filed 7/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 4 1908 that I last saw h[illegible] alive on July 4 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) DAYS

Contributory (Primary.) Eclampsia

(Puerperal Acc) (DURATION) DAYS

(Signed) Robert P Bay M.D.

Address University Hospital

Date July 4 1908

Place of Burial Cedar Hill

Date July 6 1908

Undertaker E Hurle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

152

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13588

City of Baltimore, (No. Monument & Howard St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Hewitt Steele

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 4 (Day) 1908 (Year)

AGE: — years, 1 months, 20 minutes days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Hampton Steele

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hampton Steele

(Address) Monument & Howard Sts

Filed 7/6 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 4 1908, that I last saw him alive on July 4 1908, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Asphyxia Neonatalum

2 minutes (DURATION) DAYS

Contributory Fruit Breech labor

(DURATION) 1 DAYS

(Signed) Geo. W. Dobbin M. D.

July 5 1908 (Address) 516 N Bradford St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cambridge Md

DATE OF BURIAL: July 6th 1908

UNDERTAKER: H. W. Jenkins Sons Co

ADDRESS: 300 N. Madison St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward VI. C13589 Registered No. B C13589

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 1114 Gerard Street (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James O'Neill

{Residence, if in Baltimore, Give Street and Number.} 1114 Gerard Street

Duration of Residence in Baltimore. always.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: May 17 1856

AGE: 52 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Michael O'Neill

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Byrne

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Livery Stable.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas I Farnan

(Address) 300 W Madison St

Filed 7/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from August 1907 to July 4 1908 that I last saw him alive on July 3 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchostenosis
Endocarditis fibrinosa

(DURATION) 49 DAYS

Contributory (Primary.) Asthma

(DURATION) 770 DAYS

(Signed) A H A Mulligan M.D.

Address 1618 Linden Ave

Date 190

Place of Burial New Cathedral

Date July 7th 1908

Undertaker Hollenkamp Sons Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 1 C13590 Registered No. B C13590

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2610 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Polczyńska

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 6th 1906

AGE: 1 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Maciej Polczyński

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wiktoria Mardas

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maciej Polczyński

(Address) 2610 Hudson St

Filed 7/10 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to July 29 1908 that I last saw h[illegible] alive on July 29 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) S. J. Szwalski M.D.

Address 1713 Bank St

Date July 6th 1908

Place of Burial St. Stanislaus.

Date JUL 7 - 1908 1908

Undertaker M. F. SADOWSKI

Address 703 S. ANN ST. BALTIMORE, MD

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13591 Registered No. B C13591

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 219 Welcome Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Smith

{Residence, if in Baltimore, Give Street and Number.} 219 Welcome alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: —

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Terry Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Stafford

(Address) 219 Welcome St.

Filed 7/6 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3d 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 3 1908 that I last saw h[e] alive on July 3 1908, and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Drankness

(DURATION) 8 DAYS

Contributory (Primary.) Hemorrhage

(DURATION) 8 DAYS

(Signed) A B Frame M.D.

Address 725 Sharp

Date July 8th 1908

Place of Burial Mt. Auburn Cem.

Date July 6, 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13592

City of Baltimore, (No. 2021 Harlem Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katherine E. Kelly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) (Day) 1907 (Year)

AGE: [illegible] years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: W. F. Kelly.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Fitzmaurice

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Kelly Father

(Address) 202 Harlem Ave

Filed 7/6 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 1 1908 that I last saw h[illegible] alive on July 1 1908, and that death occurred, on the date stated above, at ..... o'clock P. M. The CAUSE OF DEATH was as follows:

Acute Gastro Enteric infection

(DURATION) 1 DAYS

Contributory Cardiac Decline

(DURATION) 4 [illegible]

(Signed) Hanson Taliaferro M. D.

7/6 1908 (Address) 190 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: July 6 1908

UNDERTAKER: D. F. M. L. Flynn

ADDRESS: 42 E. Pratt St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 45

Registered No. B C13593

C13593

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 30 E. West St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Fisher

{Residence, if in Baltimore, Give Street and Number.} 30. E. West St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 30 1907

AGE ..... years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto, Md

FULL NAME OF FATHER Harry Fisher

BIRTHPLACE OF FATHER (State or country) Balto, Md

MAIDEN NAME OF MOTHER Elizabeth Brown

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Fisher (Father)

(Address) 30 E. West St

Filed 7/6 1908

HARRY C. ANDREWS, Registrar

[PERMIT CLERK.]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 - 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 5 1908

that I last saw h[illegible] alive on July 3 1908,

and that death occurred, on the date stated above, at 8.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea / Enteritis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) J. M. Dellevett M.D.

Address 623 Columbia ave

Date July 5 1908

Place of Burial Baltimore Cemetery

Date July 6 1908

Undertaker Daniel & Martin G. Filyaw

Address 426 W. West St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C13591 Registered No. B C13594

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Hopper

{Residence, if in Baltimore, Give Street and Number.} — 706 Stirling St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M — | COLOR B —

DATE OF BIRTH ... 1 ...

AGE 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S —

BIRTHPLACE (State or country) West Dublin, Ireland. U.S.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Holliday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 7/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 18 1907 to July 4 1908 that I last saw h in alive on July 4 1908, and that death occurred, on the date stated above, at 7 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Tuberculosis —

(DURATION) — DAYS

(Signed) W. H. Baker M.D.

Address Bay View Asylum

Date July 5th 1908

Place of Burial Old Union Cem

Date July 7th 1908

Undertaker JAMES H. DENNIS.

Address 1832 PRESSTMAN ST.

per J. H. D.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13595

Ward 23

Registered No. B C13595

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1845 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mr & Mrs Chas Smith Theresa nee

{Residence, if in Baltimore, Give Street and Number.} 1845 S. Charles St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 3 1908

AGE ~~years~~ 41 hours ~~months~~ ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Theresa Thomas

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. C. Smith

(Address) 1845 S Charles St

Filed 7/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from June 3 1908 to July 5 1908

that I last saw h e alive on July 4 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 41 Hrs (DAYS)

Contributory (Primary) Premature Birth

(DURATION) DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover

Date July 6 1908

Place of Burial Holy Cross U. B. Co.

Date July 6th 1908

Undertaker Jos. Stantuberke

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C13596 Registered No. B C13596

CERTIFICATE OF DEATH. 108

(Place of Death.) No. 241 N Schroeder St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R Roy

{ Residence, if in Baltimore, Give Street and Number. } 241 N Schroeder St (A)

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 10 1840

AGE 67 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Peter Kraft

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret Lee

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Kraft

(Address) 2168 Ridgewood Ave

Filed 7/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from January 1908 to July 1908

that I last saw her alive on July 3 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ventral Hernia

Strangulation Bowels

(DURATION) 2 DAYS

Con'tributory (Primary) Strangulation

Intestines, Exhaustion (DURATION) 10 DAYS

(Signed) Chas L Davis M.D.

Address 2237 N Carrollton Ave

Date July 4 1908

Place of Burial Loudon Park Cemetery

Date July 6 1908

Undertaker Lor Maurice Routson

Address 2301 W Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13597 Registered No. B C13597

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wesley Ward. 19

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lemar Hollyday,

(Address) BAY VIEW ASYLUM.

Filed 7/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 13 1908 to July 4th 1908

that I last saw h[illegible] alive on July 4 1908,

and that death occurred, on the date stated above, at 5.30

M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy & Heart

Suicide —

(DURATION) — DAYS

Contributory (Primary.) Exhaust —

(DURATION) — DAYS

(Signed) W. H. Baker M.D.

Address Bay View A

Date July 4 1908

Place of Burial Sacred Heart Cemt.

Date July 6th 1908

Undertaker Chas. F. Evans.

Address 1150 1202 N. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore

Ward 17

C13598

Registered No. B C13598

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 450 N. 25th St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsie E. Jones

{Residence, if in Baltimore, Give Street and Number.} 450 N. 25th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 8 1897

AGE 7 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Jones

BIRTHPLACE OF FATHER (State or country) Balto Co.

MAIDEN NAME OF MOTHER Louisa Marlow

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED At home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr John Jones

Address 450 N. 25th St

Filed 7/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to July 4 1908

that I last saw her alive on July 4 1908,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Summer Diarrhoea

Cerebral congestion

+ collapse

(DURATION) 15 DAYS

Contributory (Primary.) Marasmus

Bottle fed (DURATION) Life DAYS

(Signed) Wm. H. Feldmeier M.D.

Address 805 1st Ave

Date July 6-4 1908

Place of Burial St Mary's N.

Date July 6 1908

Undertaker W. J. Marshall

Address 553 Fells Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C13599 — Registered No. B C13599

CERTIFICATE OF DEATH.

(Place of Death.) No. 1631 Bolt Ave St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Luber

{Residence, if in Baltimore, Give Street and Number.} 1631 Bolt Ave

Duration of Residence in Baltimore. 3 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH Dec 20 1866

AGE 41 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Co Md

FULL NAME OF FATHER Fredk Beneze

BIRTHPLACE OF FATHER (State or country) Baltimore Co Md

MAIDEN NAME OF MOTHER Elizbeth Cornelius

BIRTHPLACE OF MOTHER (State or country) Baltimore Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton B Luber

(Address) 1631 Bolt Ave

Filed 7/6 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from 7.4 1908 to 7.4 1908

that I last saw h[illegible] alive on 7.4 1908,

and that death occurred, on the date stated above, at 9.52 P.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of Heart

(DURATION) DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) L J Turlington M.D.

Address 102 E Fort Ave

Date 7/5 1908

Place of Burial MOUNT OLIVET.

Date JUL 7 - 1908 190

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

C13600

Ward 23

Registered No. B C13600

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1012 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ed. D. Kelly

{Residence, if in Baltimore, Give Street and Number.} F 1012 Hanover St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White -

DATE OF BIRTH: Sept 29 1907

AGE: ..... years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single -

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Clarence D. Kelly.

BIRTHPLACE OF FATHER (State or country): Dorchest Co. Md.

MAIDEN NAME OF MOTHER: Libbie Darby.

BIRTHPLACE OF MOTHER (State or country): Montgomery Co Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs. C. D. Kelly

(Address) 1012 Hanover St.

Filed 7/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July. 5 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 4th 1908 that I last saw h.. alive on July 4 1908, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

10 (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Sharp St

Date July 5 1908

Place of Burial WESTERN

Date JUL 6 - 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

C13601

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

119

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13601

City of Baltimore, (No. 1122 Thompson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna E Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: Unknown (Month) (Day) Year)

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Thomas

(Address) 1122 Thompson

Filed 7/6 1908

HARRY C. ANDREWS
PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 30th 1908 to July 4 1908, that I last saw h[illegible] alive on July 3 1908, and that death occurred, on the date stated above, at 1 p. m. The CAUSE OF DEATH was as follows:

Acute Brights dis

One month (DURATION) DAYS

Contributory Paralysis

(DURATION) 4 DAYS

(Signed) W Clyde Burns M. D.

July 6 1908 (Address) 204 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Int. Auburn

DATE OF BURIAL: July 6 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 516 Rogers

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, Md.

Ward 7 — C13602 — Registered No. B C13602

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 630 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Kircher (Kircher)

{Residence, if in Baltimore, Give Street and Number.} 630 N. Madeira

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 7. | COLOR W.

DATE OF BIRTH June 25 1843

AGE 65 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Charles Kircher

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Frederick Kircher

(Address) 630 N. Madeira st

Filed 7/6 1908 Registrar

HARRY C. ANDREWS, DEPUTY CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 — 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 5:30 a. m. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage
Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Eugene Carnthers M.D.

Address Comm. N. Md.

Date July 5 — 08 1908

Place of Burial Holy Redeemer

Date July 8 1908

Undertaker Jas. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, BALTIMORE

C13603

Ward 10 C13603 Registered No. B

100

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 N. Washington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Christofer Kueslein

{Residence, if in Baltimore, Give Street and Number.} 213 N. Washington st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 13 1907

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Martin Kueslein

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Catherine Guckert

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Martin Kueslein

Address 213 N. Washington

Filed 7/6 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 4 1908

that I last saw h— alive on July 4 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum

about (DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. H. Collenberg M.D.

Address 1810 E. Baltimore St

Date July 6 1908

Place of Burial Holy Redeemer

Date July 6 1908

Undertaker Jos. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 6 13604 — Registered No. B 6 13604

CERTIFICATE OF DEATH.

Place of Death.) No. 1103 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henery J Kay

{ Residence, if in Baltimore, Give Street and Number. } 1103 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 20 1859

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Patrick Kay

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Susan Murphy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Susan Kelly

(Address) 1103 E. Monument

Filed 7/6 1905 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to July 5 1908

that I last saw h— alive on July 4 1908,

and that death occurred, on the date stated above, at 4 9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis. about 1 year. (DURATION) DAYS

(Signed) M. L. Taylor M.D.

Address 1202 E. Monument St.

Date July 5. 1908.

Place of Burial Holy Cross Cemetery

Date July 8. 1908

Undertaker Wm. Grimes-Carroll

Address 1227 Mulberry St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes und notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending th setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9/3

Registered No. B C13605

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 416 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Ellis

{Residence, if in Baltimore, Give Street and Number.} 416 W. Cross

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1

AGE: 61 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Ellis

(Address) 416 W. Cross St.,

Filed 7/6 1908

HARRY O. ANDREWS
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to July 4 1908 that I last saw h[illegible] alive on July 4 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary) Malignant Neoplasm of Stomach (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date July 5 1908

Place of Burial Dulaney

Date July 7/08 1908

Undertaker Wm. Cook

Address 502 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, ...

Ward 5 C13606 Registered No. B C13606

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 232 Thigh St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicolo Dantoni

{ Residence, if in Baltimore, Give Street and Number. } 23 N. High St.

Duration of Residence in Baltimore. 11 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~July 5th 1902~~

AGE 56 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Nicolo Dantoni

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Lucia Artolano

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Francesco Dantoni

(Address) 23 N. High St.

Filed July 6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday July 5th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 5th 1908

that I last saw h[illegible] alive on July 5th 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION 3 DAYS)

Contributory (Primary.) Pleurisy

(DURATION 5 DAYS)

(Signed) [illegible] M.D.

Address 607 N. Charles St.

Date July 6th 1908

Place of Burial St. Vincents

Date July 6 1908

Undertaker [illegible]

Address 1505 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C13607 — Registered No. B C13607

CERTIFICATE OF DEATH.

77

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Scottenski

{Residence, if in Baltimore, Give Street and Number.} 710 S Bond St Alias Christ.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Hollyday.

(Address) BAY VIEW ASYLUM.

Filed 7/6 1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th, 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to July 5 1908 that I last saw h alive on July 5 1908, and that death occurred, on the date stated above, at 12 15 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W W Baker M.D.

Address Bay View G

Date July 5th 1908

Place of Burial St. Mary's Trappe Md

Date July 7th 1908

Undertaker Mudell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. B C13608

C13608

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2014 N. Payson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nellie Roe Hughes

{Residence, if in Baltimore, Give Street and Number.} 2014 N. Payson St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 3 1907

AGE: — years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: child

BIRTHPLACE (State or country): Balto. city

FULL NAME OF FATHER: Edw. E. Hughes

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jane S. Chaffman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw E. Hughes

(Address) 2014 Payson St

Filed 7/6 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from July 3rd 1908 to July 5 1908 that I last saw her alive on July 5 1908, and that death occurred, on the date stated above, at ——— M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteric Intoxication

(DURATION) 7 DAYS

Contributory (Primary.) Gastro-Enteric Intoxication (DURATION) 7 DAYS

(Signed) Roscoe C. Metzel M.D.

Address 1903 W. North Ave.

Date July 6, 1908

Place of Burial St. Marys Hampden

Date July 7— 1908

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2nd

C13609

Registered No. B [redacted]

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 S. High St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruby Rosenberg

{Residence, if in Baltimore, Give Street and Number.} 130 S. High St.

Duration of Residence in Baltimore. from birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 3rd 1907

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel Rosenberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Darzoltz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Samuel Rosenberg

Address 130 S. High St.

Filed July 8 1908

[redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 6 1908

that I last saw him alive on July 4" 1908

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Con'tributory (Primary) Gastro-enteritis

(DURATION) 7 DAYS

(Signed) Wm. M. Savage, M.D.

Address 1121 E. Baltimore St.

Date July 6th 1908

Place of Burial Rosedale Cemetery

Date July 6 1908

Undertaker Wm. C. Grimes - Carroll

Address 1227 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C13610 Registered No. B C13610

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 N. Montford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John (Doctor) Pecka

{ Residence, if in Baltimore, Give Street and Number. } 239 N. Montford

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER John Pecka

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grant Pecka

(Address) 239 N. Montford Ave

Filed 7/6 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

— (DURATION) DAYS

Contributory (Primary.) ..... (DURATION) DAYS

(Signed) Fredk Carnell M.D.

Address Coroner's Office

Date July 6 — 08 1908

Place of Burial Oak Hill

Date July 7 1908

Undertaker Grant Brach and Sons

Address 1904 Auchland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of ...

C13611

Ward 1

Registered No. B C13611

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 927 N. Wolf St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Elder (Elder)

{ Residence, if in Baltimore, Give Street and Number. } 927 N Wolf st

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR Colrd

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Anne Kolar

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary Elder

(Address) 960 Durham

Filed 7/6 1908

HARRY C. ARDOMAN
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to July 5 1908

that I last saw h[illegible] alive on [illegible] 1908 11:30 A.M.

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or immediate)

Asthma

(DURATION) 14 DAYS

Contributory (Primary) Cardiac Failure (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2402 Oakland Ave

Date July 6 1908

Place of Burial Holy Redeemer

Date July 8 1908

Undertaker Frank Veach & Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

C13612

Ward 10 C13612 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 N Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry L Schamberger

{Residence, if in Baltimore, Give Street and Number.} 810 N Monroe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Oct 5th 1907

AGE: ..... years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Harry Schamberger

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary A Noonan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Schamberger

(Address) 816 N Monroe St

Filed 7/6 1908

[PERMIT CLERK.] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 5 1908 that I last saw h[illegible] alive on July 5 1908, and that death occurred, on the date stated above, at one A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B B Browne M.D.

Address 510 Park Ave

Date July 6. 1908

Place of Burial New Cathedral

Date July 7th 1908

Undertaker Marsh Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C13613 Registered No. B C13613

CERTIFICATE OF DEATH. 50

(Place of Death.) No. 926 Beran St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) St.

Full Name Sarah A Brannigan

{Residence, if in Baltimore, Give Street and Number.} 926 Beran St

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 20 1851

AGE 57 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Taylors Island Md

FULL NAME OF FATHER Michael E Brannigan

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Sarah Williams

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie A Brannigan

(Address) 926 Beran St

Filed 7/6 1908 HARRY C. ARGRAVES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to July 2 1908

that I last saw her alive on July 2 1908

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary) Diabetes —

Diabetic gangrene foot (DURATION) DAYS

(Signed) Wm. Schmitt M.D.

Address City Hospital

Date July 6 1908.

Place of Burial Cedar Hill Cemetery

Date July 7 1908

Undertaker Edw I Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13614

City of Baltimore, (No. 1509 Riverside Ave; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Pickett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 8 (Month) (Day) 1886 (Year)

AGE: 21 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Silas Pickett

BIRTHPLACE OF FATHER (State or country): Howard Co.

MAIDEN NAME OF MOTHER: Lula Clabaugh

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Brakeman B & O.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Silas Pickett

(Address) 1509 Riverside Ave

Filed 7/6 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on [redacted],

and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Crushed head - between Engine and freight car - Accident under Monroe St. Bridge - (DURATION) B. & O. R. R. DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie

July 5 1908 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: July 8 1908

UNDERTAKER: Edw J Fanning — ADDRESS: 1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

7

CERTIFICATE OF DEATH.

Registered No. BC 1365

City of Baltimore, (No. 417 N. Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward J. Retowsky Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. (Month) 16 (Day) 1904 (Year)

AGE: 3 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward J. Retowsky

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Zapp

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Edward J. Retowsky

(Address) 417 N. Hamburg St

Filed 7/6 1908

HARRY C. BOWERS
PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 3rd 1908 to July 6th 1908 that I last saw h[im] alive on July 5th 1908, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Scarlet Fever

(DURATION) 3 DAYS

Contributory Asthenia (DURATION) 24 hours

(Signed) H. J. Carrick M. D.

July 6th 1908 (Address) 147 McCulloh St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: July 7 1908

UNDERTAKER: Eschlemann & Son

ADDRESS: 1039 Hanover St

9 A M

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13616 Registered No. B C13616

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name William N. Charlton

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER -

BIRTHPLACE OF FATHER (State or country) -

MAIDEN NAME OF MOTHER -

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Bricklayer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lamar Holly C.

(Address) BAY VIEW ASYLUM.

Filed 7/6 1908 HARRY C. ANDRES Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 - 1908

I HEREBY CERTIFY, That I attended deceased from May 5th 1908 to July 4 1908

that I last saw h alive on July 4 1908

and that death occurred, on the date stated above, at 8

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Cerebro Spinal

(DURATION) — DAYS

(Signed) W W Eskridge M.D.

Address Bay View

Date July 5th 1908

Place of Burial Washington D. C.

Date Tuesday 9 A.M. 1908

Undertaker Henry McGlearn & Son

Address 1122 & 1124 N. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 13618

Ward

C13618

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2824 Elliot St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph G. Geleuski

Residence, Give Street and Number, 2824 Elliot st.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH 1

AGE years, 5 months, 2 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED.~~ S.

BIRTHPLACE (State or county) Balto. Md

FULL NAME OF FATHER Martin Geleuski

BIRTHPLACE OF FATHER (State or county) Poland

MAIDEN NAME OF MOTHER Mary Donalski

BIRTHPLACE OF MOTHER (State or county) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Geleuski

(Address) 2824 Elliot st.

Filed 7/7" 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 6 1908

that I last saw him alive on July 5 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Enteritis

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J T Buckwalt M. D.

Address 14 N Patterson Park Ave

Date July 6 1908

Place of Burial St. Mary's Cem. Drapepe Rd

Date July 7" 1908

Undertaker Trudell Lippel & Son

Address 330 S Bond st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C13617

Ward 16 C13617 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) ~~No.~~ Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Miller

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: March 4 1908

AGE: 1 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 7/7" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from April 12 1908 to July 7 1908 that I last saw h er alive on July 7 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Dutrait M.D.

Address 833 N Eutaw St

Date July 7 1908

Place of Burial Loudon Park

Date July 8 1908

Undertaker E H Blizzard & Co

Address 1119 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13619

Ward 24 C13619 Registered No. B 146

CERTIFICATE OF DEATH.

(Place of Death.) No. 1457 Garrett Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Boleslaw Jablowski

{Residence, if in Baltimore, Give Street and Number.} 1457 Garrett Ave

Duration of Residence in Baltimore. about 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 24th 1893

AGE: 15 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: John Jablowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Annie Nichols

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Jablowski

(Address) 1457 Garrett Ave

Filed 7/7 " 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 5th 1908

I HEREBY CERTIFY, That I attended deceased from June 25th 1908 to July 3rd 1908 that I last saw h-im alive on July 3rd 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic septic infection.

(DURATION) 10 DAYS

Con'tributory (Primary.) Chronic Osteomyelitis about (DURATION) 4 years

(Signed) M. Kahn M.D.

Address 677 Columbia Ave

Date July 6th 1908

Place of Burial Holy Rosary

Date July 7th 1908

Undertaker William Fialkowski

Address 424 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C13620 Registered No. B C13620

113

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Newton A. Johnson.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 17 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX male. | COLOR White

DATE OF BIRTH 1

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Manufacturer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Julia Johnson.

(Address) Eastern Av.

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1905

I HEREBY CERTIFY, That I attended deceased from June 19 1905 to July 6 1905 that I last saw h im alive on July 6 1905, and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gall Stones

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hosp.

Date July 7, 1905

Place of Burial Easton Penn

Date July 7 1905

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. B C13621

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2013 Frederick Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Hoffman

{Residence, if in Baltimore, Give Street and Number.} 2013 Frederick Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 30 1907

AGE ..... years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank E. Hoffman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mollie Schafer

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mollie Hoffman

(Address) 2013 Frederick Ave.

Filed 7/7 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1908

I HEREBY CERTIFY, That I attended deceased from June 26th 1908 to July 5th 1908 that I last saw her alive on July 4th 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 8 DAYS

Contributory (Primary) Heat prostration

(DURATION) DAYS

(Signed) E. A. Knoop M.D.

Address 1727 W. Lombard st

Date July 6th 1908

Place of Burial Western Cemetery.

Date July 7 1908

Undertaker Wm. Geo. P. Pauline

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C13622 — Registered No. B C13622

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Mc Lean

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1823

AGE: 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Emmitsburgh Md

FULL NAME OF FATHER: William McLean

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Lucy Lee

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 7/7 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 6th 1908

I HEREBY CERTIFY, That I attended deceased from No mem 190 to 190

that I last saw her alive on July 3d 1908,

and that death occurred, on the date stated above, at 1 p.m. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of heart

Unknown (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J A Varner M.D.

Address 1133 Valley st

Date July 6 1908

Place of Burial Holy Cross

Date July 7th 1908

Undertaker Henry C Wiedefeld

Address 914 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13623 C13623

Ward 20 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Baltimore City Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelm Berger

{ Residence, if in Baltimore, Give Street and Number. } 1929 Booth St.

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1853

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): York Pa

FULL NAME OF FATHER: Jacob Berger

BIRTHPLACE OF FATHER (State or country): York Pa

MAIDEN NAME OF MOTHER: Ellen Collins

BIRTHPLACE OF MOTHER (State or country): York Pa

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary F. Berger

(Address) 1929 Booth St.

Filed 7/7 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from April 27 1908 to July 6 1908

that I last saw him alive on July 5 1908,

and that death occurred, on the date stated above, at 2:40 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Chr. Nephritis

thrombosis (DURATION) DAYS

(Signed) Wm. Schmitz M.D.

Address City Hosp.

Date July 6 1908

Place of Burial St. Petros Cemetery

Date July 7th 1908

Undertaker John J. Conway

Address 901 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13624

1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C13624

Registered No. B .....

City of Baltimore, (No. 1520 Ashland Ave St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice May Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Dec (Month) 23 (Day) 1906 (Year)

AGE 1 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Clarence Payne

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Sadie Kelly

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Payne

(Address) 1520 Ashland Ave

Filed 7/7 1908

HARRY O. ANDREWS
Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 6th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 22 1908 to July 3d 1908 that I last saw h er alive on July 3d 1908 and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 12 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Chas. S. Parker M. D.

July 6 1908 (Address) 311 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Sanitarium & under Tree Milk treatment

How long at Place of Death? Spent 1 day at Mt Wilson Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion	July 7 1908
UNDERTAKER	ADDRESS
R A Elliott	506 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C13625

Registered No. B C13625

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilbert F. Travers

{ Residence, if in Baltimore, Give Street and Number. } 815 North Dallas Street

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 10. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Travers

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ida Sigh

BIRTHPLACE OF MOTHER (State or country): Stone Md

OCCUPATION OF DECEASED: School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Travers

(Address) 815 N Dallas St

Filed 7/7 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5" 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 5 1908 that I last saw him alive on July 5 1908, and that death occurred, on the date stated above, at 4'15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cellulitis of subcutaneous tissue about right knee: septicaemia; terminating broncho-pneumonia. (DURATION) DAYS

Contributory (Primary.) Contusions of right shin. (DURATION) 5 DAYS

(Signed) P. W. Clough. M.D.

Address Johns Hopkins Hospital

Date July 5" 1908

Place of Burial Laurel

Date July 7th 1908

Undertaker R. F. Elliott

Address 506 Hayes Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13626 *Registered No. B* C13626

CERTIFICATE OF DEATH.

19

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Savage

{ *Residence, if in Baltimore,* } —
{ *Give Street and Number.* }

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	B
DATE OF BIRTH	1
AGE	42 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W.
BIRTHPLACE (State or country)	La.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conor Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/7 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from May 19 1908 to July 6 1908

that I last saw him alive on July 6 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Contributory)

..... (DURATION) — DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) — DAYS

(Signed) D. R. Cohen M.D.

Address July 6 1908

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 6 1908 190

Undertaker E F Kelly

Address 303 Carrollton av

FOR ANATOMICAL PURPOSES

1 30

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13627

Ward ..... C13627 Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Jackson

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M	COLOR B.
DATE OF BIRTH 1	
AGE 28 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 7/7 190 8 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 190 8

I HEREBY CERTIFY, That I attended deceased from June 7 190 8 to July 5th 190 8

that I last saw h[illegible] alive on July 6th 190 8, 7.30

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

..... (DURATION) — DAYS

Contributory (Primary.) Exhaustion —

..... (DURATION) 7 DAYS

(Signed) W H Eshn M.D.

Address B.V.A.

Date July 5th 190 8

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 6 1908 190

Undertaker E F Kelly

Address 303 Carrollton ave

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

131

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13628 Registered No. B C13628

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacobs Wornum (Wornum)

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER -

BIRTHPLACE OF FATHER (State or country) -

MAIDEN NAME OF MOTHER -

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Halliday BAY VIEW ASYLUM. Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/7 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 4 1908 that I last saw him alive on July 4 1908, and that death occurred, on the date stated above, at 10.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) H. K. Baker M.D.

Address Bay View A.

Date July 4 1908

Place of Burial JOHNS HOPKINS HOSPITAL JUL 6 1908

Date 190

Undertaker E. F. Kelly

Address 303 Carrollton av

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C13629 Registered No. B C13629

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Knight

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: May 28 1908.	
AGE: — years, 1 months, 7 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore, Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Billicu

(Address) Nursery & Childs Hosp.

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from May 29 1908 to July 6 1908

that I last saw h— alive on July 1 1908

and that death occurred, on the date stated above, at 6.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dr. Consultation

(DURATION) Life DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) John Rustrick M.D.

Address 832 N Eutaw St

Date July 6 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 6 1908 190—

Undertaker Commissioner Health

Per. Wm. E. WOODALL

Address —

FOR ANATOMICAL POST. USE

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C13630 Registered No. B C13630

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 W Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Loughlin

{Residence, if in Baltimore, Give Street and Number.} 1406 Clarkson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 21. 1868

AGE 39 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John J Loughlin

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Sarah D Berryman

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Candymaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Loughlin (father)

(Address) 1406 Clarkson St.

Filed 7/7 1905 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1905

I HEREBY CERTIFY, That I attended deceased from ~~1905~~ to ~~1905~~

that I last saw h~~im~~ alive on ~~1905~~

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. McEckhardt M.D.

Address Coroner

Date July 6. 1905

Place of Burial Leadenhall

Date July 7 1905

Undertaker John J Ewers & Sons

Address 1424 E Chase St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C13631 C13631

Registered No. B

CERTIFICATE OF DEATH.

199

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Murry.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July 6 1908.

AGE: ..... years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 7/7 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1908 to July 6 1908 that I last saw h-- alive on July 6 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Rutherford M.D.

Address 834 N Eutaw St

Date July 6 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 6 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

131

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C13632 Registered No. B C13632

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 422 N Patterson Park Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth P Pettyjohn

{Residence, if in Baltimore, Give Street and Number.} 422 N Patterson Park av

Duration of Residence in Baltimore. about 2 Jea

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Harry Powell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Powell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rebecca A Gordey Pettyjohn

(Address) 422 N Pattersn Park Av

Filed 7/7 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from Mch 20th 1908 to July 6th 1908

that I last saw her alive on July 6th 1908

and that death occurred, on the date stated above, at 3.30 P. M.

CAUSE OF DEATH (Secondary or Immediate

Brights Kidney Disease

(DURATION) 90 DAYS

Contributory (Primary.)

Valvular Heart Disease (DURATION) 2 yrs. ~~DAYS~~

(Signed) W. H. Johnson M.D.

Address 2017 E. Baltimore St.

Date July 7th 1908

Place of Burial Milford Del.

Date July 8d 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C13633 Registered No. B C13633

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1822 N. Chapel St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arnold Kelso

{ Residence, if in Baltimore, Give Street and Number. } 1827 N Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH April 14 1908

AGE ..... years, 2 months, 20 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt.

FULL NAME OF FATHER Frederick Kelso

BIRTHPLACE OF FATHER (State or country) Balt.

MAIDEN NAME OF MOTHER Mary J. Steelberg

BIRTHPLACE OF MOTHER (State or country) Balt.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Steelberg

(Address) 1827 Chapel St

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 6 1908

that I last saw him alive on July 5 1908,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enterocolitis

..... (DURATION) ..... DAYS

Contributory (Primary.) Cyanosis

..... (DURATION) ..... DAYS

(Signed) Geo Young M.D.

Address 1735 N Broadway

Date July 6 1908

Place of Burial Mt Carmel

Date June 7th 1908

Undertaker Edw J Tasaruna

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C13634 Registered No. B C13634

CERTIFICATE OF DEATH.

(Place of Death.) No. 540 Lamman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Chaney

{Residence, if in Baltimore, Give Street and Number.} 540 Lamman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

5615

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6-n 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at —

... m. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Isaac Baerman M.D.

Address 720 Log. av. Comp.

Date July 5-n 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 6 1908 190 ...

Commissioner Health.

Undertaker Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. B C13635

C13635

CERTIFICATE OF DEATH. 151

(Place of Death.) No. City Hospital Maternity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pearl Mae O'Malley, Smith

{ Residence, if in Baltimore, Give Street and Number. } #618 Ryson St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: June 16th 1908

AGE: ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Livinia Smith

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/7 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1908

I HEREBY CERTIFY, That I attended deceased from June 16th 1908 to July 4th 1908

that I last saw h. alive on July 4 1908,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Immediate Convulsions

(DURATION) DAYS

Contributory (Primary.) Premature birth.

(DURATION) DAYS

(Signed) Conn. J. Chant M.D.

Address City Hosp.

Date July 4th 1908

Place of Burial JOHNS HOPKINS HOSP.

Date JUL 6 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C13636

Ward 17

C13636 Registered No. B

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 2830 Bernard St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Edith Reigle

{Residence, if in Baltimore, Give Street and Number.} 2830 Bernard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jany 25th 1890

AGE: 18 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Geo. Henry. Reigle

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

MAIDEN NAME OF MOTHER: Mary Wisner

BIRTHPLACE OF MOTHER (State or country): Union Mills Carroll Co Md

OCCUPATION OF DECEASED: Mill hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Reigle

(Address) 2839 Bernard st

Filed 7/7 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th, 1908

I HEREBY CERTIFY, That I attended deceased from Apr 27th 1908 to July 5th 1908 that I last saw h-er alive on July 5th 1908, and that death occurred, on the date stated above, at 4 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Tubes & Ovaries, followed by General Tuberculosis

(DURATION) 6 Mos ~~DAYS~~

Contributory (~~Primary~~.)

Asthenia (DURATION) 21 DAYS

(Signed) J Walter Thomas M.D.

Address 1238 N. Caroline St

Date July 6/908 190

Place of Burial Mt Mary's Hamden

Date July 8 1908

Undertaker Wm E Chenoweth Co

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C13637 — Registered No. B C13637

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2017 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F Rose

{Residence, if in Baltimore, Give Street and Number.} 2017 E Preston

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: W

DATE OF BIRTH: July 21 1870

AGE: 38 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Danl F. Rose

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Seward

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Rose

(Address) 2017 E Preston

Filed 7/7 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to July 6th 1908 that I last saw him alive on July 5th 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Valvular Heart disease (Mitral regurgitation) (DURATION) ? DAYS

(Signed) J. B. Schwatka M.D.

Address 1003 N. Broadway

Date July 6th 1908

Place of Burial St. Patrick's

Date July 9 1908

Undertaker Pott & Turner

Address 1422 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C13638 — Registered No. B C13638

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 943 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Westerfeld

{Residence, if in Baltimore, Give Street and Number.} 943 N Chester

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH July 17 — 1908

AGE — years, 6 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Dakota

FULL NAME OF FATHER F Westerfeld

BIRTHPLACE OF FATHER (State or country) Dakota

MAIDEN NAME OF MOTHER Mary Robinson

BIRTHPLACE OF MOTHER (State or country) Dakota

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Westerfeld

(Address) 943 N Chester

Filed 7/7 1908 JAMES C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from July 4th, 1908 to July 5th, 1908

that I last saw him alive on July 5th, 1908

and that death occurred, on the date stated above, at 2.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

~~Meningitis~~, Tuberculosis,

(DURATION) 2 DAYS

Contributory (Primary.) Ileo Colitis

(DURATION) 5 DAYS

(Signed) Albert G. Dingwall M.D.

Address 1503 E. Eighth Ave.

Date July 6th, 1908

Place of Burial Dale Cemetery

Date July 7 1908

Undertaker Klatt Bros

Address 1242 N. Bway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 22 C13639 Registered No. B C13639

CERTIFICATE OF DEATH.

1908

(Place of Death.) No. 21 E. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Brown

{Residence, if in Baltimore, Give Street and Number.} 21 E. Lee St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR C.

DATE OF BIRTH 1878

AGE 29 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER James Brown

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliz Walcott.

(Address) 21 E. Lee St.

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from July 6 190 to July 6 1908 that I last saw her alive on July 6 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 2 DAYS

(Signed) W. A. Annick M.D.

Address 528 Hanover St

Date July 7 1908

Place of Burial Mt Auburn.

Date July 7 1908

Undertaker M. Doyle & Son.

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 1

C13640 Registered No. B C13640

108

CERTIFICATE OF DEATH.

(Place of Death.) No. Community Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name W. R. Judd.

{Residence, if in Baltimore, Give Street and Number.} Delta Pa.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	18 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Delta. Pa
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 7/7 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 7 1908

that I last saw h~~er~~ alive on July 7 1908,

and that death occurred, on the date stated above, at 9 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) DAYS

Contributory (Primary.) Intestinal

Obstruction (DURATION) DAYS

(Signed) Robt. C. Bay M.D.

Address Community Hospital

Date July 7 1908

Place of Burial Delta Pa

Date July 7 1908

Undertaker Wm. J. Tiekner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C13642 — Registered No. B C13642 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 1717. E Lafayette Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Ellen Matilda Whitney

{Residence, if in Baltimore, Give Street and Number.} 1717. E Lafayette Ave

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	October 1854
AGE	53 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Jacob Baber
BIRTHPLACE OF FATHER (State or country)	Philadelphia
MAIDEN NAME OF MOTHER	Mary Arnold
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Whitney

(Address) 1717 E. Lafayette Ave

Filed 7 7 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from May 10 1908 to July 6 1908

that I last saw h on alive on July 6 1908

and that death occurred, on the date stated above, at a.m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus.

(DURATION) 6 hours DAYS

Contributory (Primary.)

Secondary Carcinoma of Intestines (DURATION) DAYS

(Signed) Jeffrey Buel M.D.

Address 2844 St. Paul St

Date July 6th 1908

Place of Burial Baltimore Cemetery

Date July 8 1908

Undertaker Henry Lutz

Address 1007 Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 Registered No. B C13641

C13641

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Jennings

{ Residence, if in Baltimore, Give Street and Number. } 617 N. Central Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored.
DATE OF BIRTH	1839
AGE	69 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	A. A. Co. Md.
FULL NAME OF FATHER	Thos Jennings
BIRTHPLACE OF FATHER (State or country)	A. A. Co. Md.
MAIDEN NAME OF MOTHER	Melvina Eager
BIRTHPLACE OF MOTHER (State or country)	A. A. Co Md.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Jones

(Address) 617 N. Central Ave

Filed 7/7 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from June 11th 1908 to July 6 1908

that I last saw h[illegible] alive on July 6 1908,

and that death occurred, on the date stated above, at 11.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (DURATION) 27 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Lusk M.D.

Address 1313 N. North Ave

Date July 6th 1908

Place of Burial Arbury Cemetery

Date July 8th 1908

Undertaker Chas G Baden

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C13643 — Registered No. B

C13643

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1914 Elwood Place (North of North ave. between Register & Ann Sts.) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily R. Gladstone.

{Residence, if in Baltimore, Give Street and Number.} 1914 Elwood Place

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Charles A. Gladstone

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Katherine Talbott

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph J. Gladstone

(Address) 1914 Elwood Place

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 — 1908

I HEREBY CERTIFY, That I attended deceased from Jan 10 1908 to July 6 1908 that I last saw h[er] alive on July 6 1908, and that death occurred, on the date stated above, at 3.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

6 Months (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Francis D. McCarrai M.D.

Address 46 E. North ave

Date July 6 1908

Place of Burial Loudon Park

Date July 9/08 1908

Undertaker Wm Cook

Address 505 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C13644

C13644

Ward 21 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 W. West. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Kahline

{Residence, if in Baltimore, Give Street and Number.} 532 W. West St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Jan 31 st 1885

AGE 23 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Edie H. Kahline

BIRTHPLACE OF FATHER (State or country) York Pa.

MAIDEN NAME OF MOTHER Mary Werner.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kahline

(Address) 532 W. West St.

Filed 7/7 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 5 1908

that I last saw h alive on July 5 1908

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) S. M. Lumpkin M.D.

Address 602 S. Paca St.

Date July 6 1908

Place of Burial London Park Cemetery

Date July 8th 1908

Undertaker Jr. & Bro. John H. Feutel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

22

C13645

93

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC13645

City of Baltimore, (No. 823, Butler Alley St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Thomas.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	50 years, ... months, ... days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	North Carolina
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Thomas

(Address) 823 Butler Al

Filed 7/7 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 5th 1908.

that I last saw h[illegible] alive on July 4 1908.

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Cardiac Syncope.

(DURATION) ... DAYS

Contributory Lobar Pneumonia

(DURATION) ... DAYS

(Signed) H. Theodenius Jr. M. D.

July 6 1908 (Address) 923 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	7/1 1908
UNDERTAKER	ADDRESS
John H. Toadvine	142 W. Hill St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C13646 Registered No. B C13646

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1159 Low St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elmer Burley

{Residence, if in Baltimore, Give Street and Number.} 1159 Low St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored.
DATE OF BIRTH: Jan. 28 1908	
AGE: ..... years, 5 months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto. Md	
FULL NAME OF FATHER: John R. Burley	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Maggie Turner.	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Burley

(Address) 1159 Low St

Filed 7/7 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6, 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 6 1908 that I last saw h.. alive on July 6 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 12 DAYS

Contributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) O. Eley M.D.

Address 1007 Cumberland St

Date July 7 1908

Place of Burial Laurel

Date July 8th 1908

Undertaker Robert A Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward V C13648 Registered No. B C13648

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 126 S. Wolfe St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Conrad Dannenfelser

{Residence, if in Baltimore, Give Street and Number.} 126 S. Wolfe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: March 25 1908

AGE: ..... years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Dannenfelser

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Anna Greisser.

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margret Greissir.

(Address) 1743 N. Chester St.

Filed 7/7 1908

HARRY C. ANDRE[illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 6th 1908 that I last saw h[illegible] alive on July 6th 1908 and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Gastro-Enteritis

(DURATION) 6 DAYS

Con'ributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) A. F. Ries M.D.

Address 213 S. Broadway

Date July 6th 1908

Place of Burial Mt Carmel

Date July 8 1908

Undertaker Wm Schaffer

Address 8 E. Front St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C13647 — C13647 — Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 432 E. Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael J. Roddy

{ Residence, if in Baltimore, Give Street and Number. } 432 E. Front St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	1888
AGE	20 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Mich B Roddy
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Sarah Morton
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Boss

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mich B. Roddy

(Address) 432 E. Front St

Filed 7/7 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to July 5 1908

that I last saw him alive on July 5 1908,

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) 9 mos DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) Benj. S. Taylor M.D.

Address 216 E. Caroline St.

Date July 6 1908

Place of Burial New Cathedral

Date July 1908

Undertaker C. J. Hirdefeld & Co

Address 413 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ....

Registered No. B C13649

C13649

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Brown

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: B

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: -

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): -

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ....

(Address) ....

Filed 7/7 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 6th 1908

that I last saw h alive on July 6th 1908,

and that death occurred, on the date stated above, at 1.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Apoplexy —

(DURATION) DAYS

Contributory (Primary.) Paralysis

Exhaustion. (DURATION) DAYS

(Signed) H. H. Baker M.D.

Address Bay View A

Date July 6th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 7 1908 1908

Undertaker G. L. Hurley

Address 931 N. Mount St

JOHNS HOPKINS HOSPITAL

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

135

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13650

Ward.....

Registered No. B..... C13650

CERTIFICATE OF DEATH.

79

(Place of Death.) *No.* Bay View Asylum *St.*

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Jones

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore: —

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F.	COLOR: B.
DATE OF BIRTH: 1	
AGE: 57 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.	
BIRTHPLACE (State or country): Va.	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Cook	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1905 to July 5 1908

that I last saw h— alive on July 5 1908,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) R T Baker M.D.

Address Bay View A.

Date July 5th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 7 1908 190....

Undertaker G. L. Burley

Address 931 N. Mount St

JOHNS HOPKINS HOSPITAL

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C13651 — Registered No. B C13651

CERTIFICATE OF DEATH. 32

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Conway nee Duffy

{Residence, if in Baltimore, Give Street and Number.} Cor. Pratt & Frederick Sts.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1

AGE 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Mahon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J. Conway

(Address) 1038 Guilford Ave.

Filed 7/7 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to July 5 1908 that I last saw h[illegible] alive on July 5 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Tuberculosis of Hip

(DURATION) DAYS

(Signed) Wm. Schnuth M.D.

Address City Hospital

Date July 7 - 08. 190

Place of Burial Holy Cross Cemetery

Date July 8 1908

Undertaker Henry W. Mears & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 21

Registered No. B C13652

C13652

21

CERTIFICATE OF DEATH.

(Place of Death.) No. 1251 Columbia Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Ethel Ray Taylor.

{ Residence, if in Baltimore, Give Street and Number. } 1251 Columbia Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: Aug 10 1907

AGE: ..... years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John B Taylor.

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Lizzie Frederick.

BIRTHPLACE OF MOTHER (State or country): City.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B Taylor.

(Address) 1251 Columbia Ave

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 6 1908

that I last saw h[illegible] alive on July 6 1908,

and that death occurred, on the date stated above, at 2 0

M. CAUSE OF DEATH (Secondary or Immediate

Convulsions.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edmund Smith M.D.

Address 728 Lemmon St.

Date July 6 1908.

Place of Burial St Pauls Lutheran Cem[illegible]

Date July 8 1908

Undertaker Mrs A Rohde Son

Address 730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13653 C13653

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Ada Johnson

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: F	COLOR: B
DATE OF BIRTH: 1	
AGE: 27 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: M	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Wife.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Holyday Aunt

(Address) BAY VIEW ASYLUM.

Filed 7/7 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7— 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 7 1908

that I last saw h[illegible] alive on July 7 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Phthisis

(DURATION) 1 DAY

Contributory (Primary.) Exhaustion —

(DURATION) — DAY

(Signed) W H Fahrn M.D

Address Bay V— a

Date July 7— 1908

Place of Burial Mt Olivet Cemetery

Date July 9th 1908

Undertaker Felix B Pye.

Address 102 E Lombard St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13654

Ward 14

Registered No. B C13654

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Robinson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH May 5, 1908

AGE ..... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home.

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to July 7 1908 that I last saw him alive on July 6 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. K. Ellis, M.D.

Address 1519 N. Caroline St.

Date July 7 1908

Place of Burial Cathedral Cemetery

Date July 9th 1908.

Undertaker Felix B Pyse

Address 102 E Madison st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C13655 — Registered No. B C13655

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Born

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH April 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred.

(Address) St Elizabeths Home.

Filed 7/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6, 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to July 6 1908 that I last saw him alive on July 6 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis, M.D.

Address 519 N. Carrolton St.

Date July 7, 1908

Place of Burial Cathedral Cemetery

Date July 9th 1908

Undertaker Felix B Rose.

Address 128 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C13656 Registered No. B C13656

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Ritchette

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH June 10, 1908

AGE ..... years, ... months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed ..... 190 8 HARRY G. ANDRES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from June 19 1908 to July 7 1908 that I last saw h[illegible] alive on July 6 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 8 DAYS

Contributory (Primary.) Inanition (DURATION) Life DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date July 7th 1908

Place of Burial Cathedral Cemetery

Date July 9th 1908

Undertaker Felix B Poe

Address 1022 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C13657 — Registered No. B C13657

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 505 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Leonard

{Residence, if in Baltimore, Give Street and Number.} 505 N. Stricker St

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1861

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Mc Cann

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Leonard

(Address) 505 N. Stricker St.

Filed 7/7" 1908 — HARRY C. ANDREWS, Registrar — PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from about Oct 1907 to July 7th 1908

that I last saw her alive on 1908,

and that death occurred, on the date stated above, at about 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

Few Minutes (DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis about 3 (DURATION) DAYS

(Signed) Chas B Reynolds M.D.

Address 509 N. Charles St

Date July 7th 1908

Place of Burial New Cathedral

Date July 9" 1908

Undertaker Hy W Jenkins & Sons Co

Address 300 W Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C13658

Ward 14 C13658 Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 W Lombard St.

(If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Ernest Thomas Singleton

{Residence, if in Baltimore, Give Street and Number.} 501 W Lombard St

Duration of Residence in Baltimore. Six Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 17th 1908

AGE: 3 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Hartford County

FULL NAME OF FATHER: John Wesley Singleton

BIRTHPLACE OF FATHER (State or country): Hartford Co.

MAIDEN NAME OF MOTHER: Flora Elizabeth Jenkins

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nettie Phelps

(Address) 501 W Lombard St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 7 1908 that I last saw h~~im~~ alive on July 7 1908, and that death occurred, on the date stated above, at 11 9 M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Diphtheria

(DURATION) 4 DAYS

(Signed) Robt O Pay M.D.

Address Mercy Hospital

Date July 7 1908

Place of Burial Western Cemetery

Date July 8 1908

Undertaker Wm Maurice Routson

Address Greene & Saratoga St

Funeral July 8 at 9 a.M.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimor

C13659 C13659

Ward 19 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 522 Bruce St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Inder Crocket

{Residence, if in Baltimore, Give Street and Number.} 522 Bruce st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jas Crocket

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Katie Poland

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Crocket

(Address) 522 N. Bruce st

Filed 7/8 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm Buchanan M.D.

Address 700 Log. av. (Corner)

Date July 7th 1908

Place of Burial Mt Auburn Cemetery

Date July 8th 1908

Undertaker Lelia B Pye

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

HEALTH DEPARTMENT, City of Baltimore.

C13660 *Registered No. B* C13660

CERTIFICATE OF DEATH.

11

(Place of Death.) *No.* 903 *St.* Pierce (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Jas. B Dungee

{ Residence, if in Baltimore, Give Street and Number. } 903 Pierce

Duration of Residence in Baltimore. 2 mos

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Blk
DATE OF BIRTH	May 8 1908
AGE	years, 2 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Harry A Dungee
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Louisa Mullins
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estes Dungee

(Address) 903 Pierce st

Filed 7/8 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 6 1908 that I last saw him alive on July 6 1908 and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate

Eclampsia

(DURATION) 1 DAY

Contributory (Primary.) Apnoea

(DURATION) DAY

(Signed) T Norwood M.D.

Address 939 Hanover

Date July 6 1908

Place of Burial Laurel Cemetery

Date July 8 1908

Undertaker R McElliott

Address 506 Rogers st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 013661

City of Baltimore, (No. 562 Mosher Street, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alexander Snowden

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Cp

DATE OF BIRTH ..... (Month) 1 (Day) ..... (Year)

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edward Snowden

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Alice Baston

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) alice Baston

(Address) 1117 Etting st

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 7 1908 that I last saw h i m alive on July 6 1908, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Gastro enter itis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W J Stone M. D.

July 7 1908 (Address) 836 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	July 9 1908
UNDERTAKER	ADDRESS
Alex H Hensley	578 N Eutaw St

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C13662 Registered No. B C13662

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Ginnis

{Residence, if in Baltimore, Give Street and Number.} 1304 Rutter St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ~~W~~

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Singl

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Charles Ginnis

BIRTHPLACE OF FATHER (State or country) maryland

MAIDEN NAME OF MOTHER Isabella Millington

BIRTHPLACE OF MOTHER (State or country) maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Ginnis

(Address) 1304 Rutter St

Filed 7/8 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from May 31 1908 to July 7 1908

that I last saw him alive on July 7 1908

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate

Dyspnoea -

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Typhoid fever. (DURATION) DAYS

(Signed) Wm P Clinch M.D.

Address City Hospital

Date July 7 1908

Place of Burial Lane Cemetery

Date July 9 1908

Undertaker Alex Hermaberg

Address 578 W Fredk St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 HEALTH DEPARTMENT, City of Baltimore.

C13663

Registered No. B C13663

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 518 Wellcome Al St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Chas. Wicks

{Residence, if in Baltimore, Give Street and Number.} 518 Wellcome Al

Duration of Residence in Baltimore. 12 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bal Md

FULL NAME OF FATHER Charles Wicks

BIRTHPLACE OF FATHER (State or country) Kint Island Md

MAIDEN NAME OF MOTHER Katie Woodling

BIRTHPLACE OF MOTHER (State or country) Kint Island

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Wicks

(Address) 518 Wellcome alley

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to July 6th 1908

that I last saw him alive on June 27 1908, and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

4 mos 5 mos (DURATION) DAYS

Contributory (Primary.) Intestines

(DURATION) 3 Mos DAYS

(Signed) C. L. Nuckols, M.D.

Address 502 S. Paca St

Date July 6th 1908

Place of Burial Mt Auburn Cemetery

Date July 8 1908

Undertaker Geo H Hooker

Address 609 Little Rock St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPA... Ba...

Ward 22 C13664 Registered No. B C13664

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 Burgundy al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Silvia A. Frost

{ Residence, if in Baltimore, Give Street and Number. } 602 Burgundy al

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 2 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt City Md

FULL NAME OF FATHER Sidney Frost

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Rosa Deshields

BIRTHPLACE OF MOTHER (State or country) Balt City Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Deshields

(Address) 602 Burgundy alley

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 7 1908 that I last saw h-ing alive on July 6 1908, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chron Dysentery

(DURATION) — 2 DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) W. A. Arnold M.D.

Address 528 Konawa St

Date July 7 1908

Place of Burial Mt Auburn cemetery

Date July 8 1908

Undertaker Geo S Cooper

Address 609 Little Pace St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13665

15

Missing

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C13666 — Registered No. B C13666

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1920 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha Jones

{ Residence, if in Baltimore, Give Street and Number. } 1920 Division St

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: [illegible] 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Augustus Mathews

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Jones

(Address) 1920 Division St.

Filed 7/8 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Consumption

about two hours (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bond Dennis M.D.

Address 702 Log. ave. (Canton)

Date July 6th 1908

Place of Burial Woodlawn Cemetery Catonsville

Date July 8 1908

Undertaker J. H. Owens & Son

Address 1222 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13667

Ward 3

C13667 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 913 Trinity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franciska Valastro

{Residence, if in Baltimore, Give Street and Number.} 913 Trinity St.

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1864

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Vincent Butta

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Angelo Cavedaro

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Valastro

(Address) 913 Trinity

Filed 7/8 1908

HENRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 7 1908

I HEREBY CERTIFY, That I attended deceased from June 2 1907 to July 8 1908 that I last saw h[illegible] alive on July 7 1908, and that death occurred, on the date stated above, at 9 30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 6 mos. DAYS

Contributory (Primary.)

asthenia (DURATION) 2 DAYS

(Signed) M Costanda M.D.

Address 822 Aisquith

Date July 8 1908

Place of Burial Holy Redeemer

Date JUL 8 - 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C13668 — Registered No. B C13668

CERTIFICATE OF DEATH.

(Place of Death.) No. 3118 Foster Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augusta Ayres

{Residence, if in Baltimore, Give Street and Number.} 3118 Foster Ave.

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: April 1847

AGE: 61 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August. Merkel

(Address) 3118 Foster Ave

Filed 7/8 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1908

I HEREBY CERTIFY, That I attended deceased from May 1st 1908 to July 5th 1908

that I last saw her alive on July 4th 1908,

and that death occurred, on the date stated above, at 9 15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia (DURATION) 7 DAYS

Contributory (Primary) Endocarditis (DURATION) 60 DAYS

(Signed) C. N. Kelley M.D.

Address 3200 Hudson st

Date July 6th 1908

Place of Burial Mount Carmel Cemetery

Date JUL. 8 - 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C13669

Ward V C13669 Registered No. B 105.

CERTIFICATE OF DEATH.

(Place of Death.) No. 3009 Trait Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine Loeler

{Residence, if in Baltimore, Give Street and Number.} 3009 Trait Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 19th 1908

AGE — years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Samuel Loeler

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Elizabeth Albert

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Loeler

(Address) 3009 Trait Ave.

Filed 7/8 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 7 1908 that I last saw h— alive on July 7 1908, and that death occurred, on the date stated above, at 12 40 don't.

CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 3 DAYS

Con'tributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Trait Ave

Date 190

Place of Burial Sacred Heart Cemetery

Date July 8th 1908

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 4 — C13670 — Registered No. B C13670 64

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hos, St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Polli C. Foole

{Residence, if in Baltimore, Give Street and Number.} Balt. Co.

Duration of Residence in Baltimore. one day, a visitor

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH Unknown 1856

AGE 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) md

FULL NAME OF FATHER John Foole

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R Foole

(Address) 1821 N Spring st.

Filed 7/8 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Haemorhage

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Hemorrhage

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 7 and of. Rd. (County)

Date July 8th 1908

Place of Burial Cockeysville Md

Date July 8th 1908

Undertaker C A F Phillips

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C13671 *Registered No. B* C13671

20

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1507 Alice Anna *St.* (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Helena Olszewski

{ Residence, if in Baltimore, Give Street and Number. } # 1507 Alice Anna St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 3 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wladislaus Olszewski.

BIRTHPLACE OF FATHER (State or country): Germany = Poland

MAIDEN NAME OF MOTHER: Anna Kolcowska.

BIRTHPLACE OF MOTHER (State or country): Germany Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladislaus Olszewski

(Address) 1507 Alice Anna St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 7 1908 that I last saw her alive on July 7 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

(Injury to foot)

caused by traumatic by stepping on glass

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St.

Date July 7 1908

Place of Burial Holy Rosary

Date Wed July 8 " 1908

Undertaker M. F. Sadowske.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 13677

CERTIFICATE OF DEATH. 14

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antolena Olszewska

{ Residence, if in Baltimore, Give Street and Number. } Antonena Olszewska

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W.

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Hsks.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/5 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to July 6 1908

that I last saw h alive on July 6 1908

and that death occurred, on the date stated above, at 9:30

M. CAUSE OF DEATH (Secondary or Immediate

Dysentery —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion —

(DURATION) — DAYS

(Signed) [illegible] M.D.

Address Bay View

Date July 9 1908

Place of Burial Sacred Heart

Date July 8 1908

Undertaker Chas F. Evans

Address 1184 1/2 W. Mt Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. 613673

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Markham

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lemar Holroyd, Supt.

(Informant) ..... BAY VIEW ASYLUM.

(Address)

Filed 7/8 1908 HENRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 7 1908

that I last saw her alive on July 7 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R. W. Eshleman M.D.

Address B. V. A.

Date July 8- 1908

Place of Burial Sacred Heart

Date July 8 1908

Undertaker Chas. F. Evans

Address 1184 720 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13674 Registered No. B C13674

67

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital, Insane Dept. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Fitchett

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH .....

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew J. Fitchett

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Winfred Fitchett

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holly.

BAY VIEW ASYLUM.

(Address)

Filed 7/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 6 1908 that I last saw him alive on July 6 1908, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia and Exhaustion

(DURATION) 21 DAYS

Contributory (Primary.) General Paresis unknown

(DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date July 7 1908

Place of Burial New Cathedral

Date July 9th 1908

Undertaker John Steele

Address 120 N. Ireland st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 24 — C13675 — Registered No. B C13675

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 1133 Wyoming St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abner Linthicum

{Residence, if in Baltimore, Give Street and Number.} 1133 Wyoming St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Sept 17, 1779

AGE ~~29~~ 28 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jas. E. Linthicum

BIRTHPLACE OF FATHER (State or country): Anne Arundel Co. Md.

MAIDEN NAME OF MOTHER: Martha J. Schlag

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: ~~Painter~~ upholsterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Linthicum

(Address) 1133 Wyoming St.

Filed 7/8 1908 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1907 to July 6 1908

that I last saw h— alive on July 6 1908,

and that death occurred, on the date stated above, at 3 9 M. CAUSE OF DEATH (Secondary or Immediate.)

acute general Tuberculosis

about 1½ mos (DURATION) DAYS

Contributory (Primary.) Asthenia & pulmonary tuberculosis (DURATION) 4 mos DAYS

(Signed) H. E. Krutt M.D.

Address 1002 N. Lanvale

Date July 7/08. 1908

Place of Burial Cedar Hill Cemetery

Date July 9 1908

Undertaker Jno. Bigham & Sons

Address 1013 Lidgey St.

J. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the deceased, and the *cause and date of death*.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C13676

Registered No. C C13676

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1019 Somerset St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Steinlein

Residence, Give Street and Number, 1019 Somerset St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 9th 1908

AGE: ..... years, 1 months, 28 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Joseph Steinlein

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Maggie Schleuffhoner

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1019 Somerset St.

Filed 7/8 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from June 25th 1908 to July 7th 1908

that I last saw him alive on July 6th 1908

and that death occurred, on the date stated above, at 10:15 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Gastro-Enteritis

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Jefferson Buell M. D.

Address 2044 St. Paul St.

Date July 7th 1908

Place of Burial Holy Redeemer Cemetery

Date July 8 1908

Undertaker Henry Hoerle & Sons

Address 1311 E. Eager St.

Remarks

Ward 10 C13677 Registered No. C [illegible] 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1033 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Blessing

Residence, Give Street and Number, 1033 N. Central Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR W

DATE OF BIRTH Sept 10 1907

AGE ... years, 9 months, 27 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) City

FULL NAME OF FATHER John J Blessing

BIRTHPLACE OF FATHER (State or county) City

MAIDEN NAME OF MOTHER Mary Wald

BIRTHPLACE OF MOTHER (State or county) City

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1033 N Central

Filed 7/8 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from July 5th 1908 to July 7th 1908 that last saw h[illegible] alive on July 7th 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Gastro Enteric Catarrh

(DURATION) 3 DAYS

Contributory (Primary) ... (DURATION) ... DAYS

(Signed) J. C. Stone M. D.

Address 1801 E Eager St

Date July 8th 1908

Place of Burial Holy Redeemer Cemetery

Date July 9th 1908

Undertaker Henry Storck Son

Address 1201 E. Eager St.

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WRITE PLAINLY WITH UNFADING INK.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Emanuels C13678 Registered No. B C13678

61

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Willis

{Residence, if in Baltimore, Give Street and Number.} 529 Aisquith St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 11 1891

AGE 17 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Hugh A. Willis

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Annie Finn

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Willis

(Address) 529 Aisquith St

Filed 7/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to 8 1908

that I last saw him alive on 8 1908

and that death occurred, on the date stated above, at 1-10 A.M. CAUSE OF DEATH (Secondary or Immediate) Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Dr. C O Donovan M.D.

Address 10 E Read St.

Date July 8 1908

Place of Burial St. Vincents Cemetery

Date July 11 1908

Undertaker Henry Nordenhaus

Address 130 E Eager St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C13679 — Registered No. B C13679

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 322 S. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stisophic Franczowack

{ Residence, if in Baltimore, Give Street and Number. } 322 S. Washington St.

Duration of Residence in Baltimore. 4 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 24 Dec- 1907

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Rigolets La -

FULL NAME OF FATHER: Frank Strangkowiak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Francis Izdepski

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Franczkowiak

(Address) 322 S Washington

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7- 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 7 1908

that I last saw him alive on July 6 1908, and that death occurred, on the date stated above, at 4:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis

(DURATION) 1 wk DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) E. C. Blades M.D.

Address 1436 Bing

Date 1908

Place of Burial St. Stanislaus

Date July 9 th 1908

Undertaker Wm - Fialkowski

Address 428 Bond St -

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C13680 Registered No. B C13680
106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1347. Burgundy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward R. Bentley

{ Residence, if in Baltimore, Give Street and Number. } 1347 Burgundy St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 23 1836

AGE: 72 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas Bentley

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel O'Connell

(Address) West Port. Md.

Filed 7/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from July 7, 1908 to July 7, 1908 that I last saw h ium alive on July 7, 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 7 DAYS

Contributory (Primary.) old age

(DURATION) DAYS

(Signed) J. C. Simpkins M.D.

Address 653 Columbia Ave.

Date July 8, 1908

Place of Burial Western Cem.

Date July 9 1908

Undertaker Ph. J. Dillon & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C13681

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

14

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C13681

Registered No. B.....

City of Baltimore, (No. 2026, W. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. H. Kirkwood

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 14 1906 (Month) (Day) (Year)

AGE: 2 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm Kirkwood

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Annie E Schley

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Peggy Kirkwood

(Address) 507 N. Lexington St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 8 1908

that I last saw him alive on July 8 1908,

and that death occurred, on the date stated above, at 6.30 a. m. The CAUSE OF DEATH was as follows:

Cyanosis

(DURATION) 6 DAYS

Contributory Atelectasis

(DURATION) 2 DAYS

(Signed) H. E. Krumpf M. D.

July 8 1908 (Address) 1002 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: July 11 1908

UNDERTAKER: Wm. Cook. — ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Vital Statistics in the City of Baltimore.

Regulations of the Board of Health to secure a full and correct record of Vital

...; City of Baltimore.

C13682

Ward 4 C13682 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Simpson

{Residence, if in Baltimore, Give Street and Number.} 210 Myrtle Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Herbert Simpson

(Address) 210 Myrtle Ave

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7" 1908

I HEREBY CERTIFY, That I attended deceased from June 6 1908 to July 7" 1908 that I last saw her alive on July 7" 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral insufficiency

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date July 7" 1908

Place of Burial Bellevue & Harford Co. Md.

Date July 8th 1908

Undertaker Tebx. B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C13683 *Registered No. B* C13683

105

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 2216 Essex *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Kolas

{ Residence, if in Baltimore, Give Street and Number. } 2216 Essex st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Sofky Kolasi

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sofky Kolas

(Address) 2216 Essex St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 7 1908 that I last saw h— alive on July 4 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis - Enteritis

4 (DURATION) DAYS

Contributory (Primary.) Enteritis

(DURATION) DAYS

(Signed) Colleen M.D.

Address 149 Hartford ave

Date July 7 1908

Place of Burial St Alphonsus

Date July 9 1908

Undertaker Grant Brach & Son

Address 1904 Ashland ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C13684

Ward 7 Registered No. B 105

C13684

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Broad

{Residence, if in Baltimore, Give Street and Number.} 926 N Madeira St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Broad

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helen Ostry

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Broad

(Address) 925 N. Madeira

Filed 7/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 7 1908 that I last saw h[illegible] alive on " 1908, and that death occurred, on the date stated above, at 5:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis

(DURATION) ..... DAYS

Contributory (Primary) Cardiac Failure

(DURATION) ..... DAYS

(Signed) O. J. Sysanes M.D.

Address 1008 Oakland Ave

Date July 7. 1908

Place of Burial Holy Redeemer

Date July 9 1908

Undertaker Frank Enoch and Son

Address 1914 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C13685 Registered No. B C13685

CERTIFICATE OF DEATH.

105

(Place of Death.) No. Nursery and Child's Hospital Franklin & Schroder Sts St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Agnes Patton

{Residence, if in Baltimore, Give Street and Number.} Franklin & Schroder Sts

Duration of Residence in Baltimore. 11 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 8 1906

AGE: ..... years, 11 months, 00 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph H Patton

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Henry V. Tucker

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Child's Hosp.

Filed ..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1907

I HEREBY CERTIFY, That I attended deceased from Sept 7 1906 to July 7 1907 that I last saw h[illegible] alive on July 7 1907 and that death occurred, on the date stated above, at 9 25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Summer Diarrhoea

(DURATION) two DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) John Ruhräh M.D.

Address 534 N. Eutaw St.

Date July 5 1907

Place of Burial Mount Olivet

Date July 8 1907

Undertaker J. J. Gahagan Sons

Address 1732 Madison St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13686

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

C13686

Registered No. B.....

City of Baltimore, (No. 1223 Carroll St.; 21" Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Simonds

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 22 (Day) 1907 (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Robert F. Simonds

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Annie Leimbach

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robert F. Simonds

(Address) 1223 Carroll St.

Filed 7/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 6 1908 that I last saw h er alive on July 3 1908, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Symm Complications

Gastro Enteritis

(DURATION) DAYS

Contributory Marasmus (DURATION) 5 mo. DAYS

(Signed) [illegible] M. D.

July 6 1908 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: July 7 1908

UNDERTAKER: L. B. Evans | ADDRESS: 1728 E. Chase St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C13687

Ward ..... Registered No. B C13687

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Wm J A Drury

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W.
DATE OF BIRTH	— 1
AGE	73 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lemuel Holliday,

(Address) BAY VIEW ASYLUM

Filed 7/8 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to July 7 1908

that I last saw him alive on July 7 1908

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate

Dysentery —

(DURATION) — DAYS

Contributory (Primary) Sepsis

Exhaustion

(DURATION) DAYS

(Signed) W H Eden M.D.

Address Bay View Asylum.

Date July 7 1908

Place of Burial Westminster

Date July 9 1908

Undertaker John F. Evans Son

Address 1125 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C13688 — C13688 — Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 114 S. Chester St. — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosina Steinbach.

{Residence, if in Baltimore, Give Street and Number.} 114 S. Chester St.

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female. | COLOR: white.

DATE OF BIRTH: 1

AGE: 8 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: child. —

BIRTHPLACE (State or country): Balto. md. U.S.A.

FULL NAME OF FATHER: Abraham Steinbach.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Sarah Wolpered

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: School girl.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Steinbach

(Address) 114 S Chester st

Filed 7/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 5th 1908 to July 7th 1908

that I last saw h er alive on July 7th 1908,

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns.

(DURATION) 3 DAYS

Contributory (Primary.) Accident

(DURATION) DAYS

(Signed) David J. Macht. M.D.

Address 1511 Madison Ave

Date July 8. 1908

Place of Burial Helma-Lenn Run

Date July 8 1908

Undertaker Wm. Zeimer

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

(105)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

C13689

Ward 13

Registered No. B C13689

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1226 West North Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Stern

{Residence, if in Baltimore, Give Street and Number.} 1226 W North Ave.

Duration of Residence in Baltimore. 18 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Stern

(Address) 1226 W North Ave

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to July 7 1908

that I last saw h im alive on July 6 1908

and that death occurred, on the date stated above, at 1 30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

1 (DURATION) 2 DAYS

Con'tributory (Primary.) Cancer of the Oesophagus (DURATION) 5 mon ths. DAYS

(Signed) E. L. Whitemore M.D.

Address 1103 Linden Ave.

Date July 8 1908.

Place of Burial Hebrew Friendship

Date July 9th 1908

Undertaker Hardt & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C13690

Registered No. B

City of Baltimore, (No. 1121 Bruscor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elnora Rowe

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Blk.

DATE OF BIRTH May (Month) 9. (Day) 1869 (Year)

AGE 39 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Stephen Leonard

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ann Lucas

BIRTHPLACE OF MOTHER (State or country) Ann Lucas

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Rowe

(Address) 1121 E Biddle

Filed 7/8 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to July 1908

that I last saw her alive on July 2 1908

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tbc

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. T. Bunch M.D.

July 7 1908 (Address) 13 N. Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt. Auburn Cem.

DATE OF BURIAL July 9 1908

UNDERTAKER John H. Toadvine

ADDRESS 142 W. Hill

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C13691 Registered No. B C13691

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 543 N. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Johnson

{Residence, if in Baltimore, Give Street and Number.} 543 N. West St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Thomas Goss

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Emily Brady

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily Boone mother

(Address) 543 N West St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h— alive on ——— 190

and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto McReinhardt M.D.

Address Coroner

Date July 8 1908

Place of Burial Mt. Auburn Cemetery

Date July 9 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C13692 Registered No. B C13692

CERTIFICATE OF DEATH.

(Place of Death.) No. 1833 Baker St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anna A. Staley

{Residence, if in Baltimore, Give Street and Number.} 1833 Baker St

Duration of Residence in Baltimore. 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Hargett

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Staley

(Address) 1833 Baker St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-7 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to 7-7 1908

that I last saw h-r alive on 7-7 1908

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Myocarditis

" Cardiac dilatation

(DURATION) 2 DAYS

Con'tributory (Primary.) Phthisis Pulmonalis

Acute Nephritis (DURATION) 18 Mos

Phthisis Pulmonalis 3 Wks

(Signed) A. J. Bond M.D.

Address 1631 Madison Ave

Date 7-7 1908

Place of Burial Friendship Md

Date July 9 1908

Undertaker W. J. Pickerd Son

Address Camden Station

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C13693 — Registered No. C C13693

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 407 N. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Opitz

Residence, Give Street and Number, 407 N. Schroeder St.

Duration of Residence in Baltimore, 53 42 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: white

DATE OF BIRTH: August 10 1840

AGE: 67 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Geye Traine

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: C

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geye Goedeus

(Address) 217 S. Paca St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 7 1908

that I last saw her alive on July 7 1908

and that death occurred, on the date stated above, at 10 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute Bronchitis

Complicating Senile Debility

(DURATION) 22 DAYS

Contributory (Primary) Asthenia, Cardiac

(DURATION) 2 DAYS

(Signed) Henry C. Chew M. D.

Address 1703 W. Fayette St

Date July 7 1908

Place of Burial London Park Cem

Date July 10 1908

Undertaker Jos. Goedeus, Sen

Address 217 S. Paca St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

C13694

Registered No. B C13694

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 120. Brady Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earnest D. Steiner

{ Residence, if in Baltimore, Give Street and Number. } 120 Brady Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 2 1887

AGE 21 years, 6 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Leon D Steiner

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary F. Douglas

BIRTHPLACE OF MOTHER (State or country) Lancaster Va

OCCUPATION OF DECEASED Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Leon D Steiner

(Address) Monakin Va

Filed 7/8 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7. 1908

I HEREBY CERTIFY, That I attended deceased from about 4 ~~Hours~~ to 1908

that I last saw ~~him~~ alive on July 7 1908,

and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809. Gorsuch Ave

Date July 8 1908

Place of Burial London Park

Date July 11 1908

Undertaker J. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 13695 Registered No. B C13695

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1846 N. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Mc Manus

{Residence, if in Baltimore, Give Street and Number.} 1846 N. Pratt St

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH [illegible] 1842

AGE 66 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER [illegible] Dailey

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Hughes

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Serena Mc Manus

(Address) 1846 N Pratt St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 6 1908 that I last saw h[illegible] alive on July 6 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Dilatation - (Organic Dis of Heart)

2 yrs (DURATION) DA

Contributory (Primary.) Anemia

(DURATION) 5 DA

(Signed) E L Norwood

Address 939 N Fayette

Date July 9 190[illegible]

Place of Burial Loyola Cathedral

Date July 9 190[illegible]

Undertaker Jos B Cook

Address 103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C13696 Registered No. B C13696

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 46 S Poppleton St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Infant of Howard L & Amanda Elder

{Residence, if in Baltimore, Give Street and Number.} 46 S Poppleton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 6 1908

AGE: — years, — months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Howard L Elder

BIRTHPLACE OF FATHER (State or country): Bel Air Md

MAIDEN NAME OF MOTHER: Amanda Thornton

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard L Elder

(Address) 46 S Poppleton St

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 7 1908 that I last saw h[illegible] alive on July 7 1908 and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate)

Premature birth about 7 months 1 day (DURATION)

Contributory (Primary.) asthenia (DURATION) 1 day

(Signed) J E Muse M.D.

Address 856 Columbia

Date July 8 1908

Place of Burial Mt Olivet

Date July 8 1908

Undertaker J C B Cook

Address 103 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

13697

Ward 20 Registered No. B 16

CERTIFICATE OF DEATH.

(Place of Death.) No. 335 W. Forest St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Irene E. Geldmacher

{Residence, if in Baltimore, Give Street and Number.} 335 W. Forest St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby. 6, 1902

AGE 6 years, 5 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Fredk E Geldmacher

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Gerhardt

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredk E Geldmacher

(Address) 335 Forest St.

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1908

I HEREBY CERTIFY, That I attended deceased from July 3, 1908 to July 6 1908

that I last saw h~~er~~ alive on July 6 1908,

and that death occurred, on the date stated above, at 3 15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 3 DAYS

Contributory (Primary.) Cold & Wet.

(DURATION) DAYS

(Signed) E. A. Dickey, M.D. M.D.

Address 14 N. Monroe St

Date July 7, 1908

Place of Burial Western Cemetery

Date JUL 9 1908

Undertaker George A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 13698 Registered No. B 13698

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 214 N. Milton ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Arabella Rennie

{Residence, if in Baltimore, Give Street and Number.} 214 N. Milton ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 7 1838

AGE 69 years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~Balto.~~ Widow

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Holdon

BIRTHPLACE OF FATHER (State or country) Mass.

MAIDEN NAME OF MOTHER Mary Reese

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Edwin Harrington

(Address) 214 N. Milton ave

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to July 6 1908

that I last saw her alive on 11 5 1908

and that death occurred, on the date stated above, at 5.30

11. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) — DAYS

Contributory (Primary) Carcinoma of right breast

(DURATION) DAYS

(Signed) E. C. Hearn M.D.

Address 156 Preston ave

Date July 7 1908

Place of Burial Mt. Carmel Cem.

Date July 9 1908

Undertaker Wm. C. Black

Address 223 S. Broadway

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 13699 — Registered No. B 13699

8

CERTIFICATE OF DEATH.

(Place of Death.) No. 1603 Ashley Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry J Eben

{Residence, if in Baltimore, Give Street and Number.} 1603 Ashley Pl (Hartley place ave.)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR W

DATE OF BIRTH January 1 1837

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER H & J Eben

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H J Eben

(Address) 1603 Ashley Pl

Filed 7/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 5 - 1908 to July 7 - 1908 that I last saw h im alive on July 6 - 1908, and that death occurred, on the date stated above, at 1130 P M. CAUSE OF DEATH (Secondary or Immediate)

Angina pectoris

(DURATION) 3 DAYS

Contributory (Primary.) Acdate indigest

(DURATION) 3 DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st.

Date July 8 1908

Place of Burial Oak Lawn

Date July 9 1908

Undertaker Robt Shriver

Address 1442 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 13700 Registered No. B 13700

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard McSloan Churchville Md

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George McIlvain

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Franck

(Address) 746 N Eutaw

Filed 7/8 '' 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 8 1908

that I last saw him alive on July 7 1908

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate

Haemorrhage — Shock

(Accidentally fell from moving machine, the knives same cutting his legs badly)

a.d.j.

(DURATION) DAYS

Contributory (Primary) Exterior laceration of right leg.

(DURATION) DAYS

(Signed) Wm J Schmitz M.D. City Hosp. C.W. Riley coroner

Address

Date July 8 1908

Place of Burial Harve De Grace Md

Date July 8th 1908

Undertaker Chas E Franck

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. 13701

Ward 5 13701 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Germ Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev. Fr. Flottemesch

{ Residence, if in Baltimore, Give Street and Number. } St Vincent's Church Front St.

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Flottemesch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Priest

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Flottemesch

(Address) 242 S. Bethel St.

Filed 7/8" 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1908

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to July 6 1908

that I last saw h.. alive on July 6 1908,

and that death occurred, on the date stated above, at 2:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Riley per H.L. Wollenweber M.D.

Address 1639 Broadway

Date July 6 1908

Place of Burial Holy Redeemer

Date July 9" 1908

Undertaker Kundell Lippel & Co.

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 13702

Ward 15 C 13702 Registered No. B

CERTIFICATE OF DEATH. 40

(Place of Death.) No. 1373 E. Fillmore St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Peter J. Murty

{Residence, if in Baltimore, Give Street and Number.} 1373 E. Fillmore St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 28 1841

AGE: 67 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Murty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: R. R. Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Murty

(Address) 1373 E. Gilmor

Filed 7/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from July 3rd 1908 to July 7th 1908

that I last saw him alive on " 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate

Cancer of the Stomach

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Finlay M.D.

Address 96 E. Biddle St.

Date July 8th 1908

Place of Burial Cathedral Cemetery

Date July 10 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 13703

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 605, Jasper St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Jane Gibson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isaac Morgan

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Garrett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Gibson

(Address) 605 Jasper St

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 7th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 7th 1908, that I last saw her alive on July 7 1908, and that death occurred, on the date stated above, at 7.45 A. M. The CAUSE OF DEATH was as follows:

Exhaustion

..... (DURATION) ..... DAYS

Contributory Infirmities old age.

..... (DURATION) ..... DAYS

(Signed) Geo. H. Rautenbach M. D.

July 7 1908 (Address) 635 Woodlawn st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bel. Air. Md

DATE OF BURIAL: July 9 1908

UNDERTAKER: R. G. Elliott

ADDRESS: 506 Regester

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 13704 — Registered No. B 13704

CERTIFICATE OF DEATH.

(Place of Death.) No. 811 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Jeffres

{Residence, if in Baltimore, Give Street and Number.} 811 S. Charles St

Duration of Residence in Baltimore. 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Nov 5 1849

AGE: 58 years; 8 months; days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: Moses Jeffres

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Henrietta Girard

BIRTHPLACE OF MOTHER (State or country): Canada

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth C. Jeffres

(Address) 811 S. Charles St.

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from June 11th 1908 to July 7th 1908

that I last saw him alive on July 7th 1908,

and that death occurred, on the date stated above, at 1.35 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 37 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 DAYS

(Signed) Edward Druitt M.D.

Address 208 Cathedral

Date July 8th 1908

Place of Burial Holy Redeemer

Date July 10 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 Registered No. C 13705

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 926 Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Walsh

Residence, Give Street and Number, 926 Boyd St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: James J. Walsh

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Ellen Dunn

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Horse-Shoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J. Walsh

(Address) 926 Boyd St

Filed 7/9 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from 7 1908 to 7 1908

that I last saw h alive on 7 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Strangulation - Suicide

(DURATION) Suicide DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Patrick J Martin M. D.
Coroner

Address

Date July 8 1908

Place of Burial St Peters Cem.

Date July 9 1908

Undertaker John J. Corcoran

Address 901 Hollins St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

Ward 7 7

Registered No. 13706

13706

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 201 W. Perry St. - St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mildred Picket

{ Residence, if in Baltimore, Give Street and Number. } ~~201 W. Perry St.~~ 226 King St.

Duration of Residence in Baltimore. 14 mos. -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: March 1907

AGE: ..... years, 14 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Baby

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jack Picket

BIRTHPLACE OF FATHER (State or country): Virginia U.S.A.

MAIDEN NAME OF MOTHER: Nora Strayhorn

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jack Picket

(Address) 226 King St.

Filed 2/9 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~July~~ July 7 - 1908

I HEREBY CERTIFY, That I attended deceased from ~~June~~ April 5, 1908 to July 7 1908

that I last saw her alive on July 6 1908,

and that death occurred, on the date stated above, at 4:35 A.M. CAUSE OF DEATH (Secondary or Immediate)

~~Rickets & Summer Complaint~~

~~Tuberculosis~~ Ileo-colitis

(DURATION) ~~3 mos. DAYS~~ 10 days.

Contributory (Primary) Pneumonia,

Tuberculosis, Rachitis (DURATION) 3 mos. ~~DAYS~~

(Signed) Evening Dispensary, per M. B. Campbell M.D.

Address 115 W. Barre St

Date July 8 1908

Place of Burial Mt. Auburn

Date July 9. 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 6 13707 — Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 536 Baker St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name William Thomas Kirk.

{ Residence, if in Baltimore, Give Street and Number. } 536 Baker St.

Duration of Residence in Baltimore. 1 week.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: Col.

DATE OF BIRTH: Jan. 28. 1908.

AGE: ..... years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Phila. Pa.

FULL NAME OF FATHER: James Kirk.

BIRTHPLACE OF FATHER (State or country): Phila. Pa.

MAIDEN NAME OF MOTHER: Matilda Lomack

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavia Washington

(Address) 536 Baker St.

Filed 7/9 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 6. 1908 to July 7 1908 that I last saw h[illegible] alive on [illegible] 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera infantum

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) K. D. & Kelley. M.D.

Address 2122 Pennsylvania Ave

Date July 8 1908

Place of Burial Laurel

Date July 9 — 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 13708 — Registered No. B 13708

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 620 N Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence A. Williams

{Residence, if in Baltimore, Give Street and Number.} 620 n Eden

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Col

DATE OF BIRTH: Sept 28 1907

AGE: ~ years, 10 months, 9 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Cy -

FULL NAME OF FATHER: John T. Williams

BIRTHPLACE OF FATHER (State or country): Cy

MAIDEN NAME OF MOTHER: Eliza Pullett

BIRTHPLACE OF MOTHER (State or country): Cy

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ellen Pullett

(Address) 414 North

Filed 7/9 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 7 1908 that I last saw h[illegible] alive on July 6 1908 and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary) heart failure (DURATION) DAYS

(Signed) A Meyfarth M.D.

Address 2031 Eutaw pl

Date July 7 1908

Place of Burial Laurel

Date July 9th 1908

Undertaker Robert A Ellicott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 — 13709 — Registered No. B 13709

CERTIFICATE OF DEATH.

165

(Place of Death.) No. 930 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anna Schimp Gosnell

{Residence, if in Baltimore, Give Street and Number.} 930 S Sharp

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Nov 29th 1907

AGE: ..... years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: William L. Gosnell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret Schimp

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William L. Gosnell

(Address) 930 S. Sharp

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 8 1908

that I last saw her alive on July 8 1908,

and that death occurred, on the date stated above, at 12:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

June 25 - July 8 (DURATION) 13 DAYS

Contributory (Primary.) Chicken-pox

July 3 - July 8 (DURATION) 5 DAYS

(Signed) Evening Dispensary (A) B Campbell M.D.

Address 115 N. Bare St.

Date July 9 - 1908

Place of Burial Loudon Park

Date July 10 - 1908

Undertaker Gus Wuter

Address 1151 Edi Cary Av.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

6 13710

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

6 13710

105

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 628, N Bethel St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Clifton Bowers (Bowers)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ~~Jan~~ ~~25~~ 1908 (Month) (Day) (Year)

AGE: ..... years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: George V. Bowers

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Beulah Johnson

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Bueler Johnson

(Address) 628 N Bethel St.

Filed 7/9 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1908 to July 8 1908 that I last saw h.. alive on July 4 1908, and that death occurred, on the date stated above, at 11.45 A. M. The CAUSE OF DEATH was as follows:

Bottle Fed

Diarrhea & Enteritis (DURATION) 10 DAYS

Contributory Malnutrition

(DURATION) ..... DAYS

(Signed) John Ayre M. D.

July 8 1908 (Address) 1937 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: July 9 1908

UNDERTAKER: R A Elliott — ADDRESS: 506 Roy...

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 — B 13711 — Registered No. B 13711

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 927 Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza J. Foster

{Residence, if in Baltimore, Give Street and Number.} 927 Vincent st

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 58 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Thos. Hilton	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Johnson

(Address) 927 Vincent

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Sudden (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Silas Bardeen M.D.

Address 700 Log. av. (Govans)

Date July 8th 1908

Place of Burial Mt Zion cemetery

Date July 10 1908

Undertaker R L Parham

Address 213 Parkaday

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — Registered No. 6 13712

6 13712

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1917 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles F. Wilhelm

{Residence, if in Baltimore, Give Street and Number.} 1917 E. Fayette

Duration of Residence in Baltimore. 28 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 18 1843

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Upholsterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Wilhelm

(Address) 1917 E. Fayette

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 8 1908

that I last saw h alive on July 7 1908

and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate

Organic Heart Disease

(DURATION) DAYS

Contributory (Primary) Congestion Lungs. (DURATION) DAYS

(Signed) A. Colton M.D.

Address 828 E Balt

Date July 8th 1908

Place of Burial Druid Oak Lawn

Date July 9 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

6 13713 Registered No. 6 13713

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1924 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva M. Sunderland

{Residence, if in Baltimore, Give Street and Number.} 1924 E. Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 14 1907

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Charles Sunderland

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Margaret M. Jinks

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Sunderland

(Address 1924 E. Lombard

Filed 7/9 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 4th 1908 to July 8th 1908 that I last saw her alive on July 8th 1908, and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 hrs. DAYS

Contributory (Primary.) Dentition (DURATION) 4 DAYS

(Signed) W. F. Johnson M.D.

Address 2617 E. Balto. St.

Date July 8th 1908

Place of Burial St. Alphonsus

Date July 10 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 6 13714 — Registered No. 6 13714

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 509 Robert — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Handy Henderson

{Residence, if in Baltimore, Give Street and Number.} 509 Robert St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Col

DATE OF BIRTH: July 17th 1902

AGE: 5 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob H. Henderson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Isabella Beely

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob H. Henderson

(Address) 509 Robert St

Filed 7/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from May 14 1908 to July 7 1908 that I last saw h— alive on July 7 1908, and that death occurred, on the date stated above, at 7:05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 6 Mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St.

Date July 7, 1908

Place of Burial Mt. Zion Cem

Date July 9 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 6 13715 Registered No. B — 13715 / 81

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Thomas

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ?

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U. S. Marine Hosp.

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1907 to July 8 1908 that I last saw h- alive on July 8 1908 and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy - Coma -
Cerebral Hemorrhage -

10 minutes (DURATION) DAYS

Con'tributory (Primary.) Arterio-Sclerosis

(DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U. S. Marine Hospital

Date July 8, 1908. 190

Place of Burial Laurel Cemetery

Date July 9 1908

Undertaker H. E. Hughes

Address 17 Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 13716 Registered No. 6 13716

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 S. Potomac St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Margarete Layton

{Residence, if in Baltimore, Give Street and Number.} 920 S. Potomac St

Duration of Residence in Baltimore. Ourlyear.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 2 1908

AGE 1 years, months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George Franklin Layton

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Elizabeth Sunderland.

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George F. Layton

(Address) 920 S. Potomac St.

Filed 7/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased ~~from~~ on July 7 1908 to 1908 that I last saw h er alive on July 7 1908, and that death occurred, on the date stated above, at 6:20 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) few hours DAYS

Contributory (Primary.) Gastro intestinal intoxication (DURATION) 4 DAYS

(Signed) Leo Karkeedy M.D.

Address 1114 S. Chesapeake St.

Date July 7 1908

Place of Burial Mt Carmel

Date July 9th 1908

Undertaker F. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 K

13717

Registered No. C 13717

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 Aisquith St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Martha Augusta Becker

Residence, Give Street and Number, 1403 Aisquith st.

Duration of Residence in Baltimore, lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: white

DATE OF BIRTH: October 17 1908

AGE: — years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: —

BIRTHPLACE (State or county): Balto Md.

FULL NAME OF FATHER: Frederick Becker

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Antonia Walter

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Becker

(Address) 1403 Aisquith st

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 8 1908

that I last saw her alive on July 7 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate,)

cholera Infantum

(Bottle fed infant.)

(DURATION) 11 DAYS

Contributory (Primary) Enteritis

(DURATION) 3 DAYS

(Signed) Robt B. G. Schmidt M. D.

Address 1308 E. Chase st.

Date July 8 1908

Place of Burial Cedar Hill

Date July 9 1908

Undertaker Jos. S. Turnbleck

Address 1318 Eight St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — C 13718 — Registered No. B C 13718

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 Union ave W. Woodberry St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Delma Regline Bowen

{Residence, if in Baltimore, Give Street and Number.} 25 Union Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: May 27 1908

AGE: — years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: D. C. Bowen

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Grace Patterson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Grace Bowen

(Address) 25 Union ave

Filed 7/9 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 7.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

... (DURATION) ... DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) ... M.D.

Address 1110 E. Chase

Date July 9 1908

Place of Burial St Marys Hampden

Date July 9 1908

Undertaker W. P. & E. Chenoweth Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. 6 13719

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 721 N. Franklin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edwin Eugene Barnett

{ Residence, if in Baltimore, Give Street and Number. } 721 N. Franklin St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 25 1907

AGE — years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt. Md

FULL NAME OF FATHER Charles Wesley Barnett

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Laura Virginia Gunnarson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Wesley Barnett

(Address) 721 N. Franklin

Filed 7/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 8 1908 that I last saw him alive on July 8 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) Jno. G. Strafe M.D.

Address 901 Myrtle Ave

Date July 8 1908

Place of Burial Loudon Park

Date July 9. 1908

Undertaker H. Poe & Chenoweth Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 6 13720 Registered No. B 6 13720

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1723 Mc Cubbin ~~Carroll~~ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Wilmore

{Residence, if in Baltimore, Give Street and Number.} 1723 Mc Cubbin ~~Carroll~~

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH April 2 1908

AGE — years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Wilmore

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cephas

(Address) 1302 Jefferson St

Filed 7/9 1908

BARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 8 1908 that I last saw h er alive on July 7 1908 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

— (DURATION) One DAYS

Contributory (Primary.) Exhaustion

(DURATION) One DAY

(Signed) C. G. Rupp M.D.

Address 1100 E. Baltimore St

Date July 8 1908

Place of Burial Laurel Cemetery

Date July 9, 1908

Undertaker Locke.

Address 1302 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 13721 Registered No. C 13721

8V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grand Walton

{Residence, if in Baltimore, Give Street and Number.} 1833. Register Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 26 1873

AGE: 35 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robt. M. Chambers

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William R. Walton

(Address) 1833 Register St.

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 7 1908

that I last saw h[illegible] alive on July 7 1908

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Embolism

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Ernest H. Culbreth M.D.

Address Johns Hopkins Hospital

Date July 7 1908

Place of Burial London Park

Date July 9 1908

Undertaker E. O'Neill Ladd Jr.

Address 213 E. Lexington St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 13722 Registered No. 6 13722

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Spicker

{Residence, if in Baltimore, Give Street and Number.} 817 E Mech. St

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH July 12 1893	
AGE 14 years, 11 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	John F Spicker
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	Christina Effing.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Spicker (Brother)

(Address) 117 E West St

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to 7 1908 that I last saw h Lr alive on 7 1908, and that death occurred, on the date stated above, at 10-30 PM

11. CAUSE OF DEATH (Secondary or Immediate) Typhoid.

— (DURATION) DAYS

Contributory (Primary.)

— (DURATION) DAYS

(Signed) D V C O Donovan M.D.
Per A T S.

Address 10 E Read St.

Date July 7 1908

Place of Burial Holy Redeemer.

Date July 10 th 1908

Undertaker E Hoale.

Address 115 E West St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 13723

Ward 21 6 13723 Registered No. 6 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 742 Iceland St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Walter Adams

{Residence, if in Baltimore, Give Street and Number.} 742 Iceland st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 12 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Enid - Adams

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Ida Bailey

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roxie Bailey Grandmother

(Address) 742 Iceland st

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 7 1908

that I last saw him alive on July 7 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) J. Morley Hoag M.D.

Address 742 Columbia Ave.

Date July 8 1908

Place of Burial Laurel ✓

Date July 10th 1908

Undertaker L. L. Brown & Son

Address 108 N Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C13724 Registered No. B C13724

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 3519 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry H. Slattery

{Residence, if in Baltimore, Give Street and Number.} 3519 Falls Road

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 24 1826

AGE: 82 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): York Co Pa

FULL NAME OF FATHER: Jacob Slattery

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Mary Ruhl

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Slattery

(Address) 3519 Falls Road

Filed 7/9 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from April 8 1908 to July 8 1908

that I last saw him alive on July 8 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) 90 DAYS

Contributory (Primary.)

Senility & Debility (DURATION) 90 DAYS

(Signed) L. R. Trautz M.D.

Address 762 - 3rd Ave

Date July 10 1908

Place of Burial Greenmount Cem.

Date July 10 1908

Undertaker W. L. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C13725 Registered No. B C13725

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1867 N. Gay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Roemer

{Residence, if in Baltimore, Give Street and Number.} 1867 N. Gay St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 29th 1907

AGE ..... years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Louis Roemer

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Maggie Fisher

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Roemer

(Address) 1867 N. Gay St.

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 8 1908 that I last saw him alive on July 7 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Summer Diarrhoea

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno J Nalon M.D.

Address 2126 St Paul

Date July 9th 1908

Place of Burial Trinity Cem

Date 7/10/08 1908

Undertaker Herwig & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13726 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 834 Woodward St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Beulah Viola Hale

{Residence, if in Baltimore, Give Street and Number.} 834 Woodward St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 8 1908

AGE ..... years, 6 1/2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Albert Hale

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Hale

(Address) 834 Woodward

Filed 7/9 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 9 1908 that I last saw her alive on July 8 1908 and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate

Premature birth
(6 1/2 Mos)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. Smith M.D.

Address 1628 W Lexington

Date July 9 08 1908

Place of Burial St Peters Cemetery

Date July 10 1908

Undertaker H. C. Bunny & Son

Address 18 S Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C13727 Registered No. B C1372 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 248 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leroy Walter Bedford

{Residence, if in Baltimore, Give Street and Number.} 248 Chestnut st

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH 1

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Walter Bedford

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Geaganna Queen

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geaganna Bedford

(Address) 240 Chestnut St.

Filed 7/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 1905

I HEREBY CERTIFY, That I attended deceased from June 25 1905 to July 5 1905

that I last saw h— alive on ——— 1905

and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate

Asthenia

2 weeks (DURATION) DAYS

Contributory (Primary.) Cholera

Morbus 2 weeks (DURATION) DAYS

(Signed) A. J. Freedom M.D.

Address 918 E Fayette St

Date July 6. 1905

Place of Burial Woodlawn

Date July 9th 1905

Undertaker [illegible]

Address 1121 Mulliken Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C13728 Registered No. B C13728

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Shaw

{Residence, if in Baltimore, Give Street and Number.} 503 E. Randall St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH July 2nd 1879

AGE 29 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balt. Md.

FULL NAME OF FATHER John Thomey

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Sarah E. Smith

BIRTHPLACE OF MOTHER (State or country) Balt. Co. Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Thomey

(Address) 1713 Covington St

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from June 16 1908 to July 7 1908 that I last saw h er alive on July 7 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

(DURATION) 3 DAYS

Contributory (Primary.) Typhoid

(DURATION) 30 DAYS

(Signed) Geo. A. Lehmayer M.D.

Address 435 E. Fort Ave

Date July 7 1908

Place of Burial Cedar Hill Cemetery

Date July 9 1908

Undertaker Edw. J. Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13729 Registered No. B C13729

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2042 Gough St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Annie Schmelz

{ Residence, if in Baltimore, Give Street and Number. } 2042 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 29 1889
AGE	18 years, 11 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Henry Schmelz
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Minnie Eckstorm
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Vest maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schmelz

(Address) 2042 Gough St

Filed 7/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from ~~February~~ July 8 1908 to July 8 1908

that I last saw h[illegible] alive on July 6 1908,

and that death occurred, on the date stated above, at 2.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

1 year (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) John Lindwood M.D.

Address 102 E 25th

Date July 8 1908

Place of Burial Trinity Cemetary

Date July 10/08 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13730 Registered No. B C13730

CERTIFICATE OF DEATH. 169

(Place of Death.) No. 2427 Jefferson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Theresa Gutmann

{Residence, if in Baltimore, Give Street and Number.} 2427 Jefferson st

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 31 1846

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Gutmann

(Address) 2427 Jefferson st

Filed 7/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from June 24th 1908 to July 7th 1908

that I last saw h[illegible] alive on July 7th 1908,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral congestion

(DURATION) 2 DAYS

Con'tributory (Primary.) Heat exhaustion

(DURATION) 12 DAYS

(Signed) C. F. Sundays M.D.

Address 2 S Pattersons Pl

Date July 8th 1908

Place of Burial Holy Redeemer Cemetery

Date July 10th 1908

Undertaker Sebastian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13731 Registered No. B C13731

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Watkins

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 12 08

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address) .....

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 7 1908 that I last saw h im alive on July 7 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J S Finlay M.D.

Address 96 Bethel St.

Date July 9th 1908

Place of Burial New Cathedral

Date July 9 1908

Undertaker Martin Graham & Sons

Address 606 Ruxton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13732 Registered No. B C13732

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Mackey

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 7/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 7 1908

that I last saw him alive on 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Biddle St.

Date July 8th 1908

Place of Burial New Cathedral

Date July 9 1908

Undertaker Martin Feeley & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C13733 Registered No. B C13733

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Robert Farren

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 7 1908

that I last saw h... alive on 1908

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J.S. Finlen M.D.

Address 9.6. Biddle St.

Date July 8 1908

Place of Burial New Cathedral

Date July 9 1908

Undertaker Martin Feehan & Co

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 6 13734 — Registered No. 6 13734

CERTIFICATE OF DEATH.

15!

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Manuel Villegas

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C.

DATE OF BIRTH 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. B. Fisher — M.D.

Address 9 E. Biddle St.

Date July 9th 1908

Place of Burial New Cathedral

Date July 9 1908

Undertaker Martin Hahn & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13735 Registered No. B C13735

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella May Stevens

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Infant Asy

(Address)

Filed 7/9 1908 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to July 8 1908 that I last saw h alive on 4 1908 and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Finlay M.D.

Address 26. Biddle St.

Date July 9th 1908

Place of Burial Greenmount Cathedral

Date July 9 1908

Undertaker Martin Fahey Funeral

Address 1020 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13736 Registered No. B C13736

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 136 N. Washington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Levin D. Monoho

{ Residence, if in Baltimore, Give Street and Number. } 136 N. Washington st

Duration of Residence in Baltimore. about 25 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: June 18 1[illegible]	
AGE: 44 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Jno D. Monoho
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Sallie P. Wilson
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Meter Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J Monoho

(Address) 136 N. Washington st

Filed 1/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6 d 1908

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to July 6 1908 that I last saw h im alive on July 6 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary) Uremia

(DURATION) DAYS

(Signed) J J Simms M.D.

Address 1825 N Wolfe st

Date July 7 1908

Place of Burial Mt. Pearl Cem.

Date July 9 1908

Undertaker Wellen Fuller

Address 2013 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13737 Registered No. B C13737

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 Druid Hill Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm L. Stewart

{Residence, if in Baltimore, Give Street and Number.} 904 Druid Hill Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: July 12th 1904	
AGE: — years, 4 months, 24 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Infant	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry E. Stewart

(Address) 904 Druid Hill Ave.

Filed 7/9 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Ileo Colitis

Jaundice (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Louis Baetzmann M.D.

Address 700 Dol. Ave. (Govans)

Date July 8th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 8 1908 190

Undertaker Commissioner Health.

Per Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

34

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 38 6 13738 Registered No. B 13738

CERTIFICATE OF DEATH.

143

(Place of Death.) No. Jud General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara M. Farland

{ Residence, if in Baltimore, Give Street and Number. } 2212 Cleveland Pla

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1867

AGE 41 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Unk Known

FULL NAME OF FATHER Unk Known

BIRTHPLACE OF FATHER (State or country) Unk Known

MAIDEN NAME OF MOTHER Unk known

BIRTHPLACE OF MOTHER (State or country) Unk Known

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. W Kroun

(Address) 1938 Linden Ave

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6th 1908

I HEREBY CERTIFY, That I attended deceased from May 2 1908 to July 6 1908 that I last saw h-r alive on July 6th 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Stomach

(DURATION) 2 DAYS

Contributory (Primary.) Anemia

Cancer (DURATION) 10 DAYS

(Signed) T. W Kroun M.D.

Address 1938 Linden Ave.

Date July 8th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 8 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1351

C13739

C13739

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Mt Wilson md.

Registered No. B .....

City of Baltimore, (No. 1611 E. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gladys Lipschitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/9 1908

HENRY O. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 31 1908 that I last saw her alive on July 31 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Malnutrition
Dyspepsia Diarrhea
Otitis media suppurativa
(DURATION) 5 mos. ~~DAYS~~

Contributory Pneumonia
(DURATION) ..... DAYS

(Signed) D. Baker Jr. M. D.

July 8 1908 884 Cathedral St. (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1611 E. Lombard St. How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	JUL 8 1908 190
UNDERTAKER: Commissioner Health. Per. Wm. E. WOODALL	ADDRESS: Health Dept.

FOR ANATOMICAL PURPOSES.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

1/34

Ward 1 St

~~13740~~ Registered No. B 13740

CERTIFICATE OF DEATH.

1908

(Place of Death.) No. 1111 Streeper St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Magdalena Tybuck

{Residence, if in Baltimore, Give Street and Number.} 1111 Streeper

Duration of Residence in Baltimore. About 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 14 1849

AGE 59 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo Tybuck

(Address) 1111 Streeper St

Filed 7/9 1908

HARRY C. ANDREAE, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1908 to July 7 1908

that I last saw h[illegible] alive on July 6 1908

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) Unknown DAYS

Con'tributory (Primary.)

Uremia (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 838 S. Caylon

Date July 8 1908

Place of Burial Mount Carmel

Date July 10th 1908

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 13741

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sigmund Agh

Residence, Give Street and Number, 510 South Gilmor (a.d.)

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married a.d.

BIRTHPLACE (State or county) Hungary a.d.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED — Jeweler a.d.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed July 9 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 8" 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide

(Cut his throat with razor) a.d.

Contributory (Primary) (DURATION) DAYS (After cutting his throat and subsequent fatal bandaging it he tore the bandages from his throat, opening jugular (DURATION) DAYS

(Signed) Wm. Sommerlich M. D. a.d.

Address Original certificate signed by Dr. Wright Sudler, Jr.

Date 190 a.d.

Place of Burial Mt Peace Cem

Date July 10" 1908

Undertaker Geo W. Riddlemoser

Address 435 S Gilmor 21

Remarks Over.

Ward 17 C13742 Registered No. B C13742

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1807 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Szakowski

{ Residence, if in Baltimore, Give Street and Number. } 1807 Lancaster St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Szakowski.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Franzis Wisniewski.

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John Szakowski.

(Address) 1807 Lancaster St

Filed 7/9 190 8 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 190 8

I HEREBY CERTIFY, That I attended deceased from July 6 190 8 to July 8 190 8

that I last saw h[illegible] alive on July 8 190 8,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 168 Broadway

Date July 9 190 8

Place of Burial Holy Rosary

Date Thursday July 9 190 8

Undertaker M. F. Jackowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C13743 Registered No. B C13743

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1826 West Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles H. Lighthiser

{ Residence, if in Baltimore, Give Street and Number. } 1826 West Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 10 1908

AGE: ..... years, ... months, 30 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. H. Lighthiser

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Neida P. Topping

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Lighthiser

(Address) 1826 W Baltimore

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9. 1908

I HEREBY CERTIFY, That I attended deceased from Birth 1908 to July 9 1908

that I last saw him alive on July 8 1908

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) asthenia

..... (DURATION) ..... DAYS

(Signed) Wm. MacLennan M.D.

Address 1107 Madison Ave

Date July 9 1908

Place of Burial Loudon Park

Date July 9, 1908

Undertaker Wm. J. McKnew & Son

Address Carrollton & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under the notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, single, widowed or divorced), **cause and date of death.**

Ward 16 C13744 Registered No. B C13744

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bennie Gerson

{Residence, if in Baltimore, Give Street and Number.} 1523 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb. 29 1908.

AGE: ..... years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jacob Gerson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fanny Freda Kirson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Siddee

(Address) Nursery & Childs Hosp.

Filed 7/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to July 8 1908 that I last saw h— alive on July 8 1908, and that death occurred, on the date stated above, at 10 45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. T. Burstin M.D.

Address 222 E. Cross St

Date July 8 1908

Place of Burial Rosedale

Date July 9 1908

Undertaker McGinnis & Carroll

Address 1227 Mullen Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 [redacted] Registered No. B [redacted] 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Council

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy

Duration of Residence in Baltimore. Life C 13745

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address)

Filed 7/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 7 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary, or Immediate

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) S. Finlen M.D.

Address 95 E. Biddle St.

Date July 9 1908

Place of Burial Green Mount

Date July 9 1908

Undertaker Martin Fahey & Son

Address 656 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B 013746

CERTIFICATE OF DEATH. 47

(Place of Death.) No. 811 West Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Fannyn

{Residence, if in Baltimore, Give Street and Number.} 811 West Franklin St

Duration of Residence in Baltimore. Six Weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Balto Co. Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs-E. Standiford

(Address) 811 W. Franklin St

Filed 7/9 1908

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 5th 1908 to July 8th 1908 that I last saw h m alive on July 7th 1908, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate) Mitral Murmur, Dropsy & Asthenia.

(DURATION) 12 DAYS

Contributory (Primary.) Rheumatism

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin

Date July 8th 1908

Place of Burial Greenmount Cemetery

Date July 10 1908

Undertaker Mrs A Rohde Son

Address 230 Penna Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C13747 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2824 Montabella Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name. Lynn Patton

{Residence, if in Baltimore, Give Street and Number.} 2824 Montabella Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 8 - 1908
AGE	— years, — months, 14 Hrs days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	2824 Montabella Ave
FULL NAME OF FATHER	Howard W. Patton
BIRTHPLACE OF FATHER (State or country)	Harford Co. Md.
MAIDEN NAME OF MOTHER	Lillian M. Gilbert
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard W. Patton

(Address) 2824 Montebella ave

Filed 7/10" 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9- 1908

I HEREBY CERTIFY, That I attended deceased from July 9- 3.1M. 1908 to July 8 11 A.M. 1908 that I last saw h-- alive on July 9 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth child

lived - 6 1/2 to T.M. - lived

14 hours

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) H. G. Ormiss M.D.

Address 809. Gorsuch Ave

Date July 9- 1908 1908

Place of Burial Loftstown Harford Co

Date July 10. 08. 1908

Undertaker Thos Cook

Address 502 to North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13748 Registered No. B C13748

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 613 Pratt St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Annie Esterbrooks

{Residence, if in Baltimore, Give Street and Number.} 613 Pratt St W Lft

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: D | COLOR: W

DATE OF BIRTH: 1

AGE: years, 1½ months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Drink

(Address) 21 132 Pratt st

Filed 7/10" 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 [illegible] 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteri Colitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.
[illegible]

Address

Date July 9 1908

Place of Burial Holy Redeemer

Date July 10/908 1908

Undertaker W. S. Sims

Address 2113 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C13749 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 S Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elnora Chaney

{Residence, if in Baltimore, Give Street and Number.} 618 S. Fulton Ave

Duration of Residence in Baltimore. Entire time

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: White

DATE OF BIRTH: January 11th 1908

AGE: — years, 7 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jos S. Chaney

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Annie R Miller

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. S. Chaney

(Address) 618 S. Fulton ave

Filed 7/10" 1908 HARRY G. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 9 1908 that I last saw h— alive on July 9 1908, and that death occurred, on the date stated above, at 2

11. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea Enteritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Walter A Lofmann M.D.

Address 345 S Fulton ave

Date 190

Place of Burial Mount Olivet

Date July 10th 1908

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13750 Registered No. B 8

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mabella Evans

{Residence, if in Baltimore, Give Street and Number.} 802 Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Sept 6th 1907

AGE — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Separated

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Wells

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Ora Saunders

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ora Saunders

(Address) 802 Stockton St

Filed 7/10 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.. and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Whooping Cough (DURATION) 4 Wks DAYS

(Signed) Geo Ball Stein M.D.

Address 705 Laf. Ave. (Colored)

Date July 9th 1908

Place of Burial Mt Auburn Cemetery

Date July 10th 1908

Undertaker Felix B Pye

Address 112 E Mulberry st

Funeral July 10th/08 at 8 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C13751 Registered No. B C13751

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1832 East Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Baker

{Residence, if in Baltimore, Give Street and Number.} 1832 East Chase st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 4, 1831

AGE 77 years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert Arnold

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Julia A. League

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary C. Nolan

(Address) 1832 E. Chase st

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 9 1908

that I last saw h alive on July 8 1908

and that death occurred, on the date stated above, at 1235 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Oedema

(DURATION) 4 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) M. L. Todd. M.D.

Address 1202 E. Monument St.

Date July 9 1908

Place of Burial Baltimore County

Date July 12, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

14

HEALTH DEPARTMENT, CITY OF BALTIMORE. C13752

OFFICE OF REGISTRAR OF VITAL STATISTICS.

50

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13752

City of Baltimore, (No. 2039 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Cottelberg -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 1st (Month) (Day) 1838 (Year)

AGE: 69 yrs 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Isaac Rodberg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma Rodberg

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Cottelberg

(Address) 442 Eutaw Place

Filed 7/10 1908 (HARRY O. ANDREWS) PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan - 1908 to July 8 1908 that I last saw h-e alive on July 8 1908, and that death occurred, on the date stated above, at 6 P M. The CAUSE OF DEATH was as follows:

Diabetes Mel.
2 years (DURATION) DAYS

Contributory Cardiac Asthma
(DURATION) 2 DAYS

(Signed) J. Adelmann M. D.

July 9 1908 (Address) 1920 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: July 10 1908

UNDERTAKER: J Thens Co

ADDRESS: 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C13753 Registered No. B C13753

CERTIFICATE OF DEATH.

(Place of Death.) No 303 S. Monroe St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kenneth Curtin

{Residence, if in Baltimore, Give Street and Number.} 303 S. Monroe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 29 1907

AGE: — years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jas H Curtin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hattie B Colein

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hattie B. Curtin

(Address) 303 S Monroe St

Filed 7/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1908

I HEREBY CERTIFY, That I attended deceased from July 6, 1908 to July 9, 1908 that I last saw him alive on July 8, 1908, and that death occurred, on the date stated above, at 6:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

enteritis

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) E. A. Dickey M.D.

Address 14 N. Monroe St.

Date July 9, 1908

Place of Burial London Park

Date July 10 1908

Undertaker Jos B. Cook

Address 106 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C13754 Registered No. B C13754

CERTIFICATE OF DEATH.

154

(Place of Death.) No 2134 Division St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gorgetta Frances Savage

{ Residence, if in Baltimore, Give Street and Number. } 2134 Division St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: Col.

DATE OF BIRTH: July 9 1908.

AGE: ..... years, ... months, 2 hrs. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Carteras Savage.

BIRTHPLACE OF FATHER (State or country): Virginia.

MAIDEN NAME OF MOTHER: Frances Brown.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Savage

(Address) 2134 Division St

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from birth July 9 1908 to July 9 1908

that I last saw h alive on ... 190...

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate

Premature birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) K. DeC. Kelly M.D.

Address 2122 Pennsylvania Ave

Date July 9 1908

Place of Burial L. F. Potts

Date July 10 1908

Undertaker Thomas L. Wright

Address 1364 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B C13755

CERTIFICATE OF DEATH.

105.

(Place of Death.) No. 2730 Bernard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irene Griffith.

{Residence, if in Baltimore, Give Street and Number.} 2730 Bernard St

Duration of Residence in Baltimore. Life time - C13755

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White.

DATE OF BIRTH October 29 1907

AGE 8 years, 9 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single.

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Rhlemon Griffith

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Daisy D Emmick

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rhlemon Griffith

(Address) 2730 Bernard St

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 8 1908 that I last saw h er alive on July 8 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

Indefinite (DURATION) DAYS

Con'tributory (Primary.) Intestinal Indigestion (DURATION) 8 DAYS

(Signed) L. A Richardson M.D.

Address 42 W. 25th St

Date July 8 1908

Place of Burial Mt Olivet Cemetery

Date July 10th 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes unter his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C13757 Registered No. B C13757

171

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethel Jones

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July 7 1908

AGE: ..... years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Bilder

(Address) Nursery & Childs Hosp.

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1908

I HEREBY CERTIFY, That I attended deceased from March 27 1908 to July 7 1908 that I last saw h-- alive on July 7 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) Days

Contributory (Primary)

(DURATION) DAYS

(Signed) John Ruhräh M.D.

Address 859 McCulloh St

Date July 7 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 9 1908 1908

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR STATISTICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

35

Ward 10 C13756 Registered No. B C13756

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 N. Eden St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathanial Smith

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 7th 1908

AGE: ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Highlandtown Md

FULL NAME OF FATHER: Frank Smith

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Bertha Lapesada

BIRTHPLACE OF MOTHER (State or country): Philadelphia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary T. Goldschmidt

(Address) 9305 Baltimore Co ext

Filed 7/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to July 9 1908 that I last saw h in alive on 11 " 1908, and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Lifetime DAYS

Contributory (Primary) Inherited trouble

(DURATION) DAYS

(Signed) E. C. Peterson M. D.

Address 1108 N. Eden St

Date July 9 1908

Place of Burial Mt. Carmel Cem.

Date 7/10/08 1908

Undertaker J. Herwig Son

Address 2008 Orleans

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***eighteen hours after death***, to the Undertaker, notice, to furnish within ***eighteen hours after death***, to the Coroner, when the case comes under his notice, or the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C13758 Registered No. B C13758

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Mason Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Sweed

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH January 1st 1908

AGE — years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/10 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 9 1908 that I last saw h[illegible] alive on July 9 1908, and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentary

(DURATION) 6 DAYS

Contributory (Primary.) Poor Nutrition

(DURATION) Several months DAYS

(Signed) W. E. Mosely Jr M.D.

Address 324 W. Monument St

Date July 9 1908

Place of Burial JOHNS HOPKINS HOSPITAL JUL 9 1908

Date JUL 9 1908 190

Undertaker

Address

Commissioner Health, Per Wm. S. WOODALL

FOR STATISTICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

135

Ward 6 C13759 Registered No. B C13759

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Scott Bozman

{Residence, if in Baltimore, Give Street and Number.} 106 N. Patterson Park Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 30 th 1907

AGE: X years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Calvin E Bozman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laura A. Scott

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Calvin E Bozman

(Address) 106 N Patterson Park Ave

Filed 7/10 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 th 1908

I HEREBY CERTIFY, That I attended deceased from July 3rd 1908 to July 8 1908

that I last saw h in alive on July 8 1908,

and that death occurred, on the date stated above, at 4.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) Arthur Hebb M.D.

Address 2011 E Pratt St.

Date July 8 th 1908

Place of Burial Oak Lawn Cem

Date July 10 th 1908

Undertaker W. Allen Fuller

Address 2013 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C13760 Registered No. B C13760

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 204 St. Richmond (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Essie Codmiller

{Residence, if in Baltimore, Give Street and Number.} 204 Richmond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Afro-Am

DATE OF BIRTH July 1908

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City.

FULL NAME OF FATHER Doubs Knaud

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Essie Codmiller

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Weston

(Address) 204 Richmond St.

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/9 1908

I HEREBY CERTIFY, That I attended deceased from 7/9 1908 to 7/9 1908 that I last saw h-r alive on 7/9 1908 and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) DAYS

Contributory (Primary) Bronchial Treatment (Finding) (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave.

Date 7/10 1908

Place of Burial Laurel

Date July 10 1908

Undertaker Alex Hinsley

Address 578 N. Bucknell St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C13761 Registered No. B C13761

41

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman R. Gitzer

{Residence, if in Baltimore, Give Street and Number.} 301 S. Gilmor St.

Duration of Residence in Baltimore. 32 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE (32) 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis Jr Gitzer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ellen Gitzer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Store Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Eutaw

Filed 7/10 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1908

I HEREBY CERTIFY, That I attended deceased from July 2nd 1908 to July 8th 1908 that I last saw h~~im~~ alive on July 7th 1908 and that death occurred, on the date stated above, at 12.20 A. M. CAUSE OF DEATH (Secondary or Immediate

Dyspliceemia.

(DURATION) 3 DAYS

Contributory (Primary.) Carcinoma of Sigmoid (DURATION) DAYS

(Signed) St. Frank Martin M.D. per. Dr H. L. Bruns.

Address 1000 Cathedral St.

Date July 8th 1908

Place of Burial Loudon Park

Date July 11th 1908

Undertaker John J. Fields

Address 1200 N. Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C13762

Ward 1 C13762 Registered No. B 169

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 S. Maderia St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phillip Barthel

{Residence, if in Baltimore, Give Street and Number.} 411 S. Maderia St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 15th 1840

AGE: 67 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Barthel

(Address) 411 S. Maderia St.

Filed 7/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908.

I HEREBY CERTIFY, That I attended deceased from July 8th 1908 to July 9th 1908.

that I last saw him alive on July 8th 1908

and that death occurred, on the date stated above, at 11.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heat exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Heart failure

old age. (DURATION) DAYS

(Signed) R. T. Hardy M.D.

Address 1902 Bank St

Date July 10th 1908.

Place of Burial Holy Redeemer Cemetery

Date JUL 11 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C13763

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 441 Grindall St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name: Thomas Kearney

{ Residence, if in Baltimore, Give Street and Number. } 115 E. Hill st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: aug 21 1877

AGE: 30 years, 10 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Kearney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Kenny

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kearney

(Address) 115 E. Hill st.

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 8 1908 that I last saw him alive on July 8 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) 7 DAYS

(Signed) W. D. Smith, M.D.

Address 628 Hanover st

Date July 9 1908

Place of Burial St. Peters Cem.

Date July 10. 1908

Undertaker M. Daly & Son

Address 17. E. Lee. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13764 Registered No. B C13764

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 S. Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lydia to [redacted] Kowalski.

{ Residence, if in Baltimore, Give Street and Number. } 907 S. Potomac St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	October 17th 1907
AGE	..... years, 8 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Phillip Kowalski
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Lottie Chelchowski
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip Kowalski

(Address) 907 S. Potomac St.

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 A 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 9 1908 that I last saw h[illegible] alive on July 8 1908, and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 8 DAYS

Contributory (Primary) Asthenia (DURATION) — DAYS

(Signed) M. J. McElroy M.D.

Address 839 S. Eaton St.

Date July 9 1908

Place of Burial Holy Redeemer

Date July 10th 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C13765 Registered No. B C13765

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2000 Fountain St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christina Balster

{ Residence, if in Baltimore, Give Street and Number. } 2000 Fountain ave

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1867

AGE 41 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Frank Lorek

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Christina Lorek

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Seitz

(Address) 2000 Fountain

Filed 7/10 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908

I HEREBY CERTIFY, That I attended deceased from July 8th 1908 to July 9th 1908 that I last saw her alive on July 8th 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma.

(DURATION) 4 DAYS

Con'tributory (Primary) Bright's Disease (DURATION) 30 DAYS

(Signed) Jacob L. Weiner M.D.

Address 130 S. Broadway

Date July 9th 1908

Place of Burial St Stanislaus,

Date Saturday July 11" 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13766 Registered No. B 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Rachuba

{Residence, if in Baltimore, Give Street and Number.} 1905 Alice Anna St

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ... 1

AGE ... — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frank Rachuba.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Franzis Wachiew.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Rachuba.

(Address) 1905 Alicanna St

Filed 7/10 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 8th 1908 to July 8th 1908 that I last saw him alive on July 8 1908, and that death occurred, on the date stated above, at 3.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Eclampsia

(DURATION) 7 DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date July 10th 1908

Place of Burial Holy Redeemer

Date Saturday July 11th 1908

Undertaker W F Sadowski

Address 703 S. Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C13767 Registered No. B C13767

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 N Spring St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Majorie Stringer

{Residence, if in Baltimore, Give Street and Number.} 1712 N Spring St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Issaiah Stringer

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ida Brown

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Issaiah Stringer

(Address) 1712 N Spring

Filed 7/10 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 8 1908 that I last saw her alive on July 8 1908, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sleo colitis

(DURATION) 1 1/2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Bernard Wise M.D.

Address St Joseph Hosp

Date July 9-08 1908

Place of Burial Laurel

Date July 10th 1908

Undertaker R A Elliott

Address 506 Rozel Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C13768 Registered No. B C13768

CERTIFICATE OF DEATH. 97

Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Ella S. Thompson

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M —

BIRTHPLACE (State or country): W. Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Bell

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/10 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 9 1908

that I last saw h alive on July 9 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Chronic Asthma

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W W Baker M.D.

Address Bay View

Date July 9 1908

Place of Burial Charlestown W Va

Date July 11 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13769 Registered No. B C13769

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2030 Ettinge St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernia Lee

{Residence, if in Baltimore, Give Street and Number.} 2020 Ettinge St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: July 8 1908

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Lee

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Bernie Reed

BIRTHPLACE OF MOTHER (State or country): Emmo Miss.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lee

(Address) 2030 Ettinge St

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from June 4 1908 to July 6 1908 that I last saw h[illegible] alive on July 6 1908, and that death occurred, on the date stated above, at 4 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteritis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Robt T Blake M.D.

Address 1928 Eastern Ave

Date July 7 1908.

Place of Burial Mt Auburn

Date July 10 1908

Undertaker Wm J Johnson

Address 614 Bank

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C13770 Registered No. B C13770

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Friendship Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Thos. Johnson

{Residence, if in Baltimore, Give Street and Number.} ~~old bldg~~ 1711 Friendship Place

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 4 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Evans

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 1711 Friendship Pl

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 7 1908 that I last saw him alive on July 7 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ulcer - colitis

about a week (DURATION) ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. E. Thurwell M.D.

Address 2226 Madison Ave.

Date July 9. 1908

Place of Burial Cut arbutus

Date July 11 1908

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13771 Registered No. B C13771

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 863 Vine St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sudie Simpkins

{Residence, if in Baltimore, Give Street and Number.} 863 Vine St

Duration of Residence in Baltimore. Eight years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH July 9 1879

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Moses Bailey

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Parker

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Simpkins

(Address) July 863 Vine St

Filed 7/10 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to July 9 1908

that I last saw her alive on July 4 1908

and that death occurred, on the date stated above, at 2.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis
Lungs, & General
Emphanetum

(DURATION) 6 mo DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 922 N Carrollton

Date July 9 1908

Place of Burial Acomack Co Va

Date July 11 1908

Undertaker Wm J. Johnson

Address 614 N Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C13772

Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 W. Conway St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ida May Holman

{Residence, if in Baltimore, Give Street and Number.} 524 W. Conway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 5th 1908

AGE 2 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John C. Holman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary M. Gitchell

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Holman

(Address) 524 W. Conway

Filed 7/10 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from ~~from~~ July 8 1908 to ~~1908~~ 1908

that I last saw her alive on July 8 1908

and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate

Broncho-Pneumonia

(DURATION) DAYS

Contributory (Primary.) ~~Contributory (Primary.)~~

(DURATION) DAYS

(Signed) Howard D. Lewis M.D

Address 423 Hanover st

Date July 9 1908

Place of Burial St. Alphonsus

Date July 10th 1908

Undertaker Jos. Stumbrck

Address 1315 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13773 Registered No. B

C13773

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 501 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Allen

{Residence, if in Baltimore, Give Street and Number.} 501 Bruce st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Nick

(Address) 501 Bruce St.

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

~~Con~~ Exhaustion

Two mos. (DURATION) DAYS

Con'ributory (Primary.) Chronic

Dysentery (DURATION) DAYS

(Signed) Wm. Baldwin M.D.

Address Two Lof. av. Corner

Date July 9th 1908

Place of Burial Mt. Auburn Cemetery

Date July 10th 1908

Undertaker Felix B. Pue

Address 102 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13774 Registered No. B C13774

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 Wilmer alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Hebron

{Residence, if in Baltimore, Give Street and Number.} 1126 Wilmer alley

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR colored

DATE OF BIRTH 1126 July 9 1908

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Prince George Co

FULL NAME OF FATHER William Hebron

BIRTHPLACE OF FATHER (State or country) Prince George Co

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Prince Georges Co

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Annie Dorsey

(Address) 1126. Wilmer Al.

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 9 1908 that I last saw h ine alive on July 9 1908 and that death occurred, on the date stated above, at 10'45 9: P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

6 months (DURATION) — DAYS

Con'ributory (Primary.) — —

— (DURATION) — DAYS

(Signed) Edward J. Wheatley M.D.

Address 230 D. Hill Ave

Date July 9 1908

Place of Burial St. Peters Cemetery

Date July 12th 1908

Undertaker Felix B. Pye

Address 102 E. Pratt St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 13773

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 101 N. Lakewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. Edgar Sullens

{ Residence, if in Baltimore, Give Street and Number. } 101 N. Lakewood Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 3rd 1908

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER J. Richard Sullens

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Arabia Tilson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Richard Sullens

(Address) 102 Lakewood ave

Filed 7/10 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 8 1908 that I last saw h.im alive on July 8 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 11 DAYS

Contributory (Primary) asthenia (DURATION) 7 DAYS

(Signed) W. L. McAvoy M.D.

Address 839 S. Eutaw St

Date July 9th 1908

Place of Burial Balto. Cem.

Date July 10th 1908

Undertaker Jno. A. Gorman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13776

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13776

City of Baltimore, (No. 771, Dover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fannie Gamble.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Bl

DATE OF BIRTH: 1873 (Year) — (Month) — 1 (Day)

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robert Brooking.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Gray

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliz Gray

(Address) 771 Dover St.

Filed 7/10 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 1908 to July 8 1908

that I last saw h e alive on July 8 1908,

and that death occurred, on the date stated above, at 1 P M. The CAUSE OF DEATH was as follows:

Uraemia

Abscesses

5 M. (DURATION) DAYS

Contributory Salpingitis.

(DURATION) DAYS

(Signed) B. Lee Frenech M. D.

July 8 1908 (Address) 1513 Fullerton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: July 10 1908

UNDERTAKER: John H. Tradwin

ADDRESS: 1426 W. Fel

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 C13777. Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clark Pannell

{Residence, if in Baltimore, Give Street and Number.} 20 S Stockton St

Duration of Residence in Baltimore.

C13777

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: May 23 1908

AGE: ..... years, ... months, 47 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Clark Pannell

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clark Pannell

(Address) 20 S Stockton St

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from May 23 1908 to July 9 1908 that I last saw h[illegible] alive on July 9 1908, and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Atelectasis

Premature Birth (DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address University Hospital

Date July 9 1908.

Place of Burial Mt Auburn

Date July 13 1908

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13778 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 545 Columbia ave Baltimore Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Glebus

{ Residence, if in Baltimore, Give Street and Number. } 545 Columbia ave. Baltimore Md.

Duration of Residence in Baltimore. All time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 12 1907

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Geo Glebus

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lizzie Vaudlis

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Glebus

(Address) 545 Columbia Ave

Filed 7/10 1908

HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 July 1908

I HEREBY CERTIFY, That I attended deceased from 8 July 1908 to 9 July 1908 that I last saw h im alive on 9 July 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 2 DAYS

Con tributory (Primary.) ?

(DURATION) DAYS

(Signed) D. Joseph Abramowitz M.D.

Address 519 S. Broadway

Date 10 July 1908

Place of Burial Most Holy Redeemer

Date July 10 1908

Undertaker Geo Lewin & Son

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13779 Registered No. B C13779

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 1002 Hanford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Bittner

{ Residence, if in Baltimore, Give Street and Number. } 1002 Hanford ave -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 49 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Cety

FULL NAME OF FATHER John Schuplet

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Bittner

(Address) 1002 Hanford ave

Filed 7/10 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to July 2nd 1908

that I last saw h alive on " 1908,

and that death occurred, on the date stated above, at 7.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.S. Finlan M.D.

Address 96. Biddle St.

Date July 10th 1908

Place of Burial Holy Redeemer Cemetery

Date July 11 1908

Undertaker Harry Hockemeyer

Address 301 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C13780 Registered No. B C13780/105

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alex Nichols (Nicholas)

{Residence, if in Baltimore, Give Street and Number.} 914 Harmony Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: 1

AGE: 1 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alexander Nichols

BIRTHPLACE OF FATHER (State or country): Carlisle County

MAIDEN NAME OF MOTHER: Clara Belle

BIRTHPLACE OF MOTHER (State or country): Easton Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara Nichols

(Address) 914 Harmony Lane

Filed 7/10 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 8 1908 that I last saw h-- alive on July 8 1908, and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate.)

(DURATION) DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) DAYS

(Signed) T. H. Tannon M.D.

Address 317 N Carrollton Ave

Date July 10, 1908.

Place of Burial Mt Zion

Date July 10 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13781 Registered No. B C13781

151

CERTIFICATE OF DEATH.

(Place of Death.) No. In the rear of 215 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E Frugé.

{Residence, if in Baltimore, Give Street and Number.} In the rear of 215 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June 17 1908.

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frederick Effruge

BIRTHPLACE OF FATHER (State or country) Richmond Va.

MAIDEN NAME OF MOTHER Maggie Ward.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie E Frugé (mother)

Address Rear of 215 Hanover St

Filed 7/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw ~~him~~ alive on ..... 190 .....

and that death occurred, on the date stated above, at 9.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Insanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo M Reinhardt M.D.

Address Coroner

Date July 9. 1908

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

JOHNS HOPKINS HOSPITAL JUL 10 1908 Commissioner of Health. Per Wm. E. WOODALL

City to bury

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

136

Ward 10 C13782 Registered No. B C13782

CERTIFICATE OF DEATH.

171

(Place of Death.) ~~No.~~ Nursery & Childs Hosp. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Robert F Compman (Compman)

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	white
DATE OF BIRTH	Jan 17 1908
AGE	..... years, 6 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Bridde

(Address) Nursery & Childs Hosp.

Filed 7/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from Jan 17 1908 to July 9 1908

that I last saw him alive on July 9 1908

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate

Marasmus.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) Life DAYS

(Signed) C. F. Dunton M.D.

Address 222 E Cross St

Date July 9 1908

Place of Burial

Date 1908

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE

JOHNS HOPKINS HOSPITAL JUL 10 1908 Commissioners Health Per. Wm. E. WOODAL FOR STATISTICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

136

Ward 17 Registered No. B 133183

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1149 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Miller

{Residence, if in Baltimore, Give Street and Number.} 1149 Riverside Av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Whit

DATE OF BIRTH July 10 1908

AGE 5 hours years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jacob J. Miller

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Angelina K Hun

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob J. Miller (Father)

(Address) 1149 Riverside Ave

Filed 7-10 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 10th 1908 to July 10th 1908

that I last saw h alive on July 10 1908

and that death occurred, on the date stated above, at 9:16 M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth
7th Month

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos J O'Donnell M.D.

Address 1405 Charles St

Date July 10th 1908

Place of Burial Holy Cross Cem Co.

Date July 10 1908

Undertaker E Hearle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

C13784

Registered No. B

City of Baltimore, (No. 7 Suburban Av Waverly St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stanley T Sullivan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 15, 1907 (Month) (Day) (Year)

AGE: ..... years, 6 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: Howard L. Sullivan

BIRTHPLACE OF FATHER (State or country): Baltimore. Md.

MAIDEN NAME OF MOTHER: Bertha Smith

BIRTHPLACE OF MOTHER (State or country): Towson. Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Bertha Sullivan

(Address) 7 Suburban Av.

Filed 7-10 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 9. 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 21. 1908 to July 9. 1908 that I last saw him alive on July 9. 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Ulceration enteritis

(DURATION) 5 DAYS

Contributory Colon infantum

(DURATION) 18 DAYS

(Signed) C. S. Steenken M. D.

July 9. 1908. (Address) 611 Gordon Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Hasses Cemetery

DATE OF BURIAL: July 11 1908

UNDERTAKER: Wm Boos

ADDRESS: 602 E. Baltimore Av

WM. J. C. DULANY CO., BALTIMORE.

Ward 14

Registered No. B C13285

C13285

CERTIFICATE OF DEATH.

(Place of Death.) No. 2632 Frisby Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhemina Walter (WETTE)

{ Residence, if in Baltimore, Give Street and Number. } 2632 Frisby Street.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH July 16 1907

AGE ..... years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Harry Walter

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Alice Foster

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary S. Foster

(Address) 2632 Frisby st.

Filed 7-10 1908 [PERMIT CLERK] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 10 1908 that I last saw h[illegible] alive on July 9 1908, and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis tuberculosa

(DURATION) 17 DAYS

Contributory (Primary.) Pneumonia croupa (DURATION) DAYS

(Signed) A. Hamilton M.D.

Address 1618 Madison Ave

Date July 10 1908.

Place of Burial Western Cem.

Date July 12/08. 190

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C13786

C13786

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Case Whff Foot Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Grad.

{Residence, if in Baltimore, Give Street and Number.} 1710 Thames St

Duration of Residence in Baltimore. 9 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 13 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Joseph Grad

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Annie Wydarsky

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Grad

(Address) 1710 Thames St

Filed 7-10 1908. HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Dudley Cumin M.D.

Address 320 N Greene St.

Date 190

Place of Burial Holy Rosary

Date July 11 — 190 8

Undertaker William Fialkowski

Address 424 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13787 Registered No. B C13787

CERTIFICATE OF DEATH.

169

(Place of Death.) No. Mary Land University Hosp. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emil A Nagell

{Residence, if in Baltimore, Give Street and Number.} 406 E Clement Av

Duration of Residence in Baltimore. about 20 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W
DATE OF BIRTH Jan 7th 1874	
AGE 34 years, 6 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John A. Nagell
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Terizia Eibel
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nagell wife

(Address) 406 E Clement Av

Filed 7-10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heat prostration

(DURATION) 3 hrs DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date July 10 190 8

Place of Burial Holy Redeemer

Date July 11 190 8

Undertaker Jos. Stumbaugh

Address 618 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C13788 Registered No. B C13788

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 2949 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret J. Wiley

{Residence, if in Baltimore, Give Street and Number.} 2949 Cedar Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 1866

AGE: 42 years, 1 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: J. W. Kelly

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~XXXX~~ Mrs Wilson

(Address) 2949 Cedar Ave

Filed 7/11 1908 HARRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to July 10 1908 that I last saw her alive on July 9 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer Uterus + Bowels

asthenia + Collapse

about — Yr (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. W. Fiedeman M.D.

Address 850 1st Ave

Date July 10/08 1908

Place of Burial St Marys Cem. Hanfallen

Date July 11 1908

Undertaker W. M. Cook

Address 526 Nortlaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C13789 Registered No. C C13789

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 Franklin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John McManus

Residence, Give Street and Number, 821 Franklin St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M	W

DATE OF BIRTH Dec 16th 1907

AGE ..... years, 6 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER John L McManus

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Mary Mc Gainey

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L McManus

(Address) 82 Franklin St

Filed 7/11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from a Corner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Chr Enlers Colitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M. D.

Address Corner

Date July 10 1908

Place of Burial Green Cathedral

Date July 11th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks

Ward 10 C13790 Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 736 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mark Leibold

{ Residence, if in Baltimore, Give Street and Number. } 736 Greenmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: May 24th 1906

AGE: 2 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Leibold

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sara Orourke

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Dever

(Address) 1645 E Monument St

Filed 7/11 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 3rd 1908 to July 10th 1908

that I last saw h[illegible] alive on July 9th 1908,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Enterocolitis

(DURATION) 7 DAYS

Contributory (Primary.) Heat

(DURATION) DAYS

(Signed) J. F. Hill M.D.

Address 1001 Edmondson Ave

Date July 11th 1908

Place of Burial London Park

Date July 12th 1908

Undertaker E. Harlan Fahey & Sons

Address 606 N Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C13791 Registered No. B C13791

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 179 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis De Traugher

{Residence, if in Baltimore, Give Street and Number.} 179 Falls Road

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 22 1908

AGE ..... years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Dominic DeTraugher

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosie Prothamo

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dominic DeTraugher

(Address) 179 Falls Road

Filed 7/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 10th 1908 that I last saw her alive on July 10th 1908, and that death occurred, on the date stated above, at 3:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

Indefinite (DURATION) DAYS

Contributory (Primary.) Intestinal Indigestion (DURATION) 4 DAYS

(Signed) L. A. Richardson M.D.

Address 1120 W. 25th St.

Date July 10th 1908

Place of Burial St Vincents

Date July 11 1908

Undertaker A. H. Marshall

Address 1539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 6 Registered No. B C13792

C13792

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2640 Bonne St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha May Downey

{Residence, if in Baltimore, Give Street and Number.} 2640 Bonne St (Downey)

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1.

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER W J Downey

BIRTHPLACE OF FATHER (State or country) VC

MAIDEN NAME OF MOTHER Emma Andy

BIRTHPLACE OF MOTHER (State or country) NC

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Emma Downey

(Address) 2640 Bonne St

Filed 7/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 9 1908

that I last saw her alive on July 9 1908

and that death occurred, on the date stated above, at 4 A. M.

CAUSE OF DEATH (Secondary or Immediate) Diarrhea and enteritis

(DURATION) 4 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) R. L. G. Schnell M.D.

Address 429 - East 23 St

Date July 10, 1908

Place of Burial Laurel

Date July 11 1908

Undertaker R A Ellicott

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13793 Registered No. B C13793

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1017 Hagers Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bull

{Residence, if in Baltimore, Give Street and Number.} 1017 Hagers Court

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: 1

AGE: ..... years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Esau Bald

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Barnaby

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Barnaby

(Address) 1017 Hagers Ct

Filed 7/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10, 1908

I HEREBY CERTIFY, That I attended deceased from July 6, 1908 to July 10 1908 that I last saw h[illegible] alive on July 9 1908 and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 5 DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) P. E. Lilly M.D.

Address 207 Cromwell St

Date July 10, 1908

Place of Burial Laurel Cem

Date July 11 1908

Undertaker P. A. Elliott

Address 356 Reynolds Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 013794 Registered No. B 013794

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 5 Morley St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John D Haupt

{ Residence, if in Baltimore, Give Street and Number. } 5 Morley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 10 1907

AGE ..... years, 9 months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Haupt

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Signora Clemente

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. S. Haupt

(Address) 5 Morley St

Filed 7/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 9 1908 that I last saw h~~im~~ alive on July 9 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Immediate (DURATION) DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 12 hours DAYS

(Signed) Henry D Haupt M.D.

Address Stoughton

Date July 10 1908

Place of Burial Loudon Park

Date July 11 1908

Undertaker Wm Geo. P. Pauline

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C13795

Registered No. B.....

City of Baltimore, (No. 30, Church St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. Phipps

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 23 (Day) 1836 (Year)

AGE: 72 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): London. Eng

FULL NAME OF FATHER: Thos Phipps

BIRTHPLACE OF FATHER (State or country): London Eng

MAIDEN NAME OF MOTHER: Mary Giles ~~Do not know~~

BIRTHPLACE OF MOTHER (State or country): London Eng

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Phipps

(Address) 30 Church St. Balto

Filed July 11 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 18 1908 to July 8 1908

that I last saw him alive on July 8 1908,

and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Senile Dementia

(DURATION) 2 yrs DAYS

Contributory Duanton

(DURATION) Mos DAYS

(Signed) C. W. Hedrickson M. D.

July 9 1908 (Address) 90 Third ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Balto Cem

DATE OF BURIAL: July 11 1908

UNDERTAKER: Wm E Hough

ADDRESS: 1422 Pres Ave

Ward 12 Registered No. B 012296

CERTIFICATE OF DEATH.

11²

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Struben

{Residence, if in Baltimore, Give Street and Number.} 223 N. Montford Ave

Duration of Residence in Baltimore. 42 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 59 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: John Struben

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Ema Matejka

(Address) 718 N. Madeira St

Filed 7/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9" 1908

I HEREBY CERTIFY, That I attended deceased from June 26" 1908 to July 9" 1908 that I last saw h~~im~~ alive on July 9" 1908, and that death occurred, on the date stated above, at 4¹⁵ P. M., CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of liver.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. M. Clough M.D.

Address Johns Hopkins Hospital

Date July 9 1908

Place of Burial (Holy) Redeemer

Date July 13 1908

Undertaker Frank Brach and Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 13797

CERTIFICATE OF DEATH.

13797

(Place of Death.) No. 1019 W Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard H. Warthen

{ Residence, if in Baltimore, Give Street and Number. } 1019 W Fayette St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH Feb 3 1847

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER John Warthen

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Alice Dejarnett

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Warthen

(Address) 1019 W Fayette St

Filed 7/11 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908

I HEREBY CERTIFY, That I attended deceased from April 6th 1908 to July 9th 1908

that I last saw h.. alive on July 9th 1908 at 12

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate

Hypostatic Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Bright's Disease and Uremic Poisoning (DURATION) 1 DAYS

(Signed) J. Harry Ullrich M.D.

Address 22 N Carey St

Date July 10th 1908

Place of Burial Loudon Park

Date July 12 1908

Undertaker John A Moran

Address Bank & Amity

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 658 Columbia av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward A Ward

{Residence, if in Baltimore, Give Street and Number.} 658 Columbia av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Edward A Ward

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Minnie Grady

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward A Ward

(Address) 658 Columbia av

Filed 7/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to July 10 1908 that I last saw h~~im~~ alive on July 10 1908 and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea & Enteritis

(DURATION) 14 DAYS

Con'ributory (Primary.) Toxemia

(DURATION) 3 DAYS

(Signed) Jos E Muse M.D.

Address 658 Columbia Ave

Date July 11 1908

Place of Burial Cathedral Cemetery

Date July 12 1908

Undertaker John Hoover

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13799 Registered No. B C13799

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 Hanbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget Morriss.

{Residence, if in Baltimore, Give Street and Number.} 1107 Hanbert

Duration of Residence in Baltimore. 23 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Don't know

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Patrick McMann

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Maloney

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Morriss (Later Husband's)

(Address) 1107 Hanbert St

Filed 7/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Heinhardt M.D.

Address Coroner

Date July 10 1908

Place of Burial St Peters

Date July 13 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

Registered No. B [illegible]

CERTIFICATE OF DEATH.

108

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gover Boone

{ Residence, if in Baltimore, Give Street and Number. } 1224 Argyle Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: February 1884

AGE: 24 years, 5th months, 2 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Theodore Boone

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie James

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Boone

(Address) 1224 Argyle ave

Filed 7/11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9" 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 9 1908

that I last saw h alive on July 9 1908

and that death occurred, on the date stated above, at 9.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W D Gates M.D.

Address Johns Hopkins Hospital

Date July 9" 1908

Place of Burial Mt Auburn Cemetery

Date July 12 1908

Undertaker Isaac Brown

Address 565 W. Dolphin st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13801 Registered No. B C13801

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 Lehman St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clayton E Clarke

{ Residence, if in Baltimore, Give Street and Number. } 10 Lehman St.

Duration of Residence in Baltimore. 9 mo. 20 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 20 th 1907

AGE ..... years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Clayton E. Clarke

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Edith Earle

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clayton E. Clarke

(Address) 10 Lehman St.

Filed 7/11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1908

I HEREBY CERTIFY, That I attended deceased from 1908 to July 10th 1908

that I last saw h~~im~~ alive on July 10th 1908,

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ex haustion

(DURATION) 10 DAYS

Contributory (Primary.) Marasmus

(DURATION) 10 DAYS

(Signed) W. O. Knell M.D.

Address 2550 Frederick Ave

Date July 12th 1908

Place of Burial Western Cemetery

Date July 12 th 1908

Undertaker Wm B Crotteau

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13802 Registered No. B 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 941 Penna. ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F Wright

{Residence, if in Baltimore, Give Street and Number.} 941 Penn ave

Duration of Residence in Baltimore. 25 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 55 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Wylla

(Address) 941 Penn ave

Filed 7/11 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 8th 1908 to July 10th 1908 that I last saw h~~is~~ alive on July 9th 1908 and that death occurred, on the date stated above, at 4 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart disease

Not Known (DURATION) DAYS

Contributory (Primary.) Exposure

Heart (DURATION) DAYS

(Signed) Samuel A Baju M.D.

Address 619 W Biddle

Date July 10th 1908

Place of Burial mt auburn cemetery

Date July 12 1908

Undertaker John H Goodwin

Address 1142 N. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 013603

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 14 E. 20th St (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Moses Reed

{Residence, if in Baltimore, Give Street and Number.} 14 E. 20th

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR C

DATE OF BIRTH — 1

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter Margaret Pack

(Address) 14 E. 20th St

Filed 7/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to July 10 1908

that I last saw him alive on July 9 1908,

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate

Oedema of Lungs.

(DURATION) 2 DAYS

Contributory (Primary) Chronic Bright's Disease
or (Chronic Interstitial Nephritis)

(DURATION) Bohpsome months DAYS

(Signed) Houghton Bayley M.D.

Address 1 Guilford Ave 22

Date July 10/08 190

Place of Burial Laurel

Date July 12 190

Undertaker W. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 221804

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1929 Herbert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clementine V. Crooks

{Residence, if in Baltimore, Give Street and Number.} 1929 Herbert St.

Duration of Residence in Baltimore. Life C 13804

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH July 3 1858

AGE 50 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balti Co

FULL NAME OF FATHER W Power

BIRTHPLACE OF FATHER (State or country) Balti Co

MAIDEN NAME OF MOTHER Susan Ritter

BIRTHPLACE OF MOTHER (State or country) Balti Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Washington Crooks

(Address) 1929 Herbert St

Filed 7/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to July 10 1908 that I last saw h[illegible] alive on July 10 1908, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of Brain due to fall on June 10.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Nelson M.D.

Address 1300 E Lanvale 26

Date July 10 1908

Place of Burial Mt Olivet

Date July 12 1908

Undertaker Robt F Turner

Address 1742 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

Registered No. C 13805

CERTIFICATE OF DEATH.

C13805 /03

(Place of Death.) No. 1931 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth E. Niemeyer

Residence, Give Street and Number, 1931 Bank St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F.

COLOR W.

DATE OF BIRTH

AGE 67 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~ Widow

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER John —

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER Mary A. Gramuth

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED Housew —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Baker

(Address) 1931 Bank St.

Filed 7/11 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 9th 1908

that I last saw h.. alive on July 9th 1908

and that death occurred, on the date stated above, at 11.25 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage

(DURATION) 4 DAYS

Contributory (Primary) Ulcer of stomach

(DURATION) 360 DAYS

(Signed) C. F. Snader M. D.

Address 2 E. Pac Pk Ave

Date July 11th 1908

Place of Burial Mt. Carmel Cem.

Date July 14" 1908

Undertaker Trundell Lippel & Son.

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2908 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Suretta Mack

{Residence, if in Baltimore, Give Street and Number.} 2908 Hudson St

Duration of Residence in Baltimore Life C13806

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 13, 1908

AGE ... years, ... months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles Mack

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Elizabeth Stokes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Elizabeth Mack

(Address) 2908 Hudson St

Filed 7/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1908

I HEREBY CERTIFY, That I attended deceased from 7-8-1908 to 7-9-1908 that I last saw h[illegible] alive on 7-8-1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Entero-Colitis

(DURATION) 8 DAYS

Contributory (Primary.) Acute Entero-Colitis

(DURATION) 8 DAYS

(Signed) H. L. Rupard M.D.

Address 910 S. Clinton St.

Date 7-9 1908

Place of Burial Mt. Carmel Cem.

Date July 12" 1908

Undertaker Trudell Dilfeel Bur

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

C13807

CERTIFICATE OF DEATH.

13807

Registered No. B .....

City of Baltimore, (No. 20 Lafayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph M. Freeman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Philip Freeman

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Lena Boaus

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lena Freeman

(Address) 21 W Lafayette Ave Rear

Filed 7/11 1908 HARRY C. ANDREWS PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 10 1908 that I last saw h living alive on July 10 1908, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Cholera-Infantum

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J Ungling M. D.

July 11 1908 (Address) 705 Dolphin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: July 12 1908

UNDERTAKER: Geby & Pye — ADDRESS: 102 E Fulton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. This certificate shall be given to the Undertaker, or other person superintending the burial, within ***twenty-four hours after death,*** to the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C13808

C13808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

121

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2724 N. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace A. Spreston

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: ✓ (Month) ✓ (Day) 1850 (Year)

AGE 58 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Cincinnati Ohio

FULL NAME OF FATHER Chas Wright

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) Hotel Caswell

Filed 7/11 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 9 (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 9 1908, that I last saw her alive on July 9 1908, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Shock and exhaustion after operation for removal of Right Kidney for Chronic Pyelonephritis and displacement (DURATION) — DAYS

Contributory General polycystic disease (DURATION) — DAYS

(Signed) W. H. B. Gillman M. D.

July 9 1908 (Address) 2724 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: July 11 1908

UNDERTAKER: Chas F. Evans — ADDRESS: 118 1/2 W. Mt. Royal Ave.

Ward 7 Registered No. B 5805

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 619 Little Montgomery St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name Beatrice Catherine Maker

{Residence, if in Baltimore, Give Street and Number.} 619 Little Montgomery St.

Duration of Residence in Baltimore. 10 months, 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Sept. 8 1907

AGE: ..... years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas Maker

BIRTHPLACE OF FATHER (State or country): ~~Balto~~ Maryland

MAIDEN NAME OF MOTHER: Mary ~~Steward~~ Newman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Mason

(Address) 617 Little Montgomery

Filed 7/12 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 11 1908

I HEREBY CERTIFY, That I attended deceased from on July 7 1908 to only. ~~1908~~ that I last saw her alive on that day. ~~1908~~, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

~~Gastro enteritis~~

Infantile Convulsions

preceded by Gastro-enteritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

Evening Dispensary for Working Women & Girls

(Signed) M B Campbell M.D.

Address 115 N. Barre St.

Date July 11 1908

Place of Burial Mt. Auburn

Date July 12 1908

Undertaker Jas. A. Hayes

Address 526 W. Preston St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C13810 Registered No. B[illegible] 105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonia Lomax -

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH May 31, 1908

AGE ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother - Mildred St. Elizabeths Home

(Address) St. Paul. St.

Filed 7/12 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from June 14 1908 to July 10 1908 that I last saw h[illegible] in alive on July 10, 1908 and that death occurred, on the date stated above, at 11:45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gastro - enteritis

(DURATION) 6 DAYS

Contributory (Primary.) Marasmus - (DURATION) 4 weeks

(Signed) A. C. Gillis M.D.

Address 15-19 N. Carolina

Date July 11, 1908

Place of Burial Cathedral Cemetery

Date July 13th 1908

Undertaker Felix B. Pyle.

Address 102 E. Wilburn St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Register

CERTIFICATE OF DEATH.

21

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lane

{ Residence, if in Baltimore, Give Street and Number. } 904. Raborg Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10" 1908

I HEREBY CERTIFY, That I attended deceased from July 9" 1908 to July 10 1908

that I last saw h[illegible] alive on July 10 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. N. Edwards M.D.

Address John Hopkins Hospital

Date July 1908

Place of Burial Washington D.C.

Date July 12 1908

Undertaker [illegible] Jackson

Address [illegible] Franklin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C13811 Registered No. B...

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paschal Dorsey

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR Black.
DATE OF BIRTH	Apr. 20, 1908
AGE	....years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred.

(Address) St Elizabeth Home.

Filed 7/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from May 6 1908 to July 11 1908 that I last saw h..im alive on July 11 1908, and that death occurred, on the date stated above, at 6 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus -

(DURATION) 2 mos

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date July 11 1908

Place of Burial Cathedral Cemetery

Date July 13th 1908

Undertaker Felix. B. Pyle.

Address 102. E. Mulberry St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 522 Madison (Mourly) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Smallwood.

{ Residence, if in Baltimore, Give Street and Number. } 522 Madison St - Waverly

Duration of Residence in Baltimore. life (1 day) C 13813

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: wh

DATE OF BIRTH: July 10 1908

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas Smallwood

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine Cosgrove

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Smallwood

(Address) 522 Madison St

Filed 7/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 11 1908 that I last saw h[er] alive on July 11 1908, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

Congenital underdevelopment.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. L. Whittle M.D.

Address 906 Garrison Ave

Date July 12th 1908

Place of Burial St Marys - Govanstown

Date July 12 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1251 Riverside ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Louis Metzger

{ Residence, if in Baltimore, Give Street and Number. } 1251 Riverside ave

Duration of Residence in Baltimore. Life

C 13814

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR white

DATE OF BIRTH Sept 1st 1907

AGE ..... years, 10 months, 9 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Metzger

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lena M. Dressel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Metzger

(Address) 1251 Riverside Ave.

Filed 7/12 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to July 10 1908

that I last saw him alive on July 10 1908,

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 17 DAYS

Contributory (Primary.)

(DURATION) 17 DAYS

(Signed) H. A. Smith M.D.

Address 528 Hanover St

Date July 11 1908

Place of Burial Cedar Hill Cemetry

Date July 12 1908

Undertaker Edward L. Lanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 13

Registered No.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 771 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth J. Rush

{Residence, if in Baltimore, Give Street and Number.} 771 W Saratoga

Duration of Residence in Baltimore. fifty

C13815

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Adolph Hartung

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary. Boette

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hartung

(Address) 771. W Saratoga St.

Filed 7/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to July 10 1908

that I last saw her alive on July 10 1908

and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary

Tuberculosis (DURATION) 1 year

(Signed) J. Frederick Leitz M.D.

Address 1340 W. North Ave

Date July 11 1908

Place of Burial Loudon Park Cem.

Date July 12 1908

Undertaker Wm Cook

Address 502 E North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 817 Rabory St: St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Thomas Willis

{ *Residence, if in Baltimore, Give Street and Number.* } 817 Rabory St

Duration of Residence in Baltimore. 10 days

C 13816

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH July 2 1908

AGE — years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas Willis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lizzie Winston

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Winston

(Address) 817 Rabory st

Filed 7/12 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 11 1908 that I last saw her alive on July 10 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous Meningitis Acute

from nose & mouth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date July 12 1908

Place of Burial Laurel Cemetery

Date July 12 1908

Undertaker Robt. A. Elliott

Address 506 East ~~str~~ Rogers Ave

WM. J. C. DULANY CO., Baltimore.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 224 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Gohlinghorst

{Residence, if in Baltimore, Give Street and Number.} 224 N. Carey St

Duration of Residence in Baltimore. 20 years C 13817

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 7/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from April 1 1908 to July 10 1908

that I last saw h— alive on July 1908

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(Although no tubercle bacilli were found)

(DURATION) DAYS

Con'tributory (Primary Pulmonary Hemorrhage

(DURATION) DAYS

(Signed) J. E. Lound M.D.

Address 1302 W. Lombard st

Date July 11 1908

Place of Burial National

Date July 13th 1908

Undertaker John J. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2131 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Edward Terry

{Residence, if in Baltimore, Give Street and Number.} 2131 Division Ave

Duration of Residence in Baltimore. 14

C/3818

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: July 1894	
AGE: 14 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto. Md	
FULL NAME OF FATHER: Paul Terry	
BIRTHPLACE OF FATHER (State or country): Balto. Md	
MAIDEN NAME OF MOTHER: Mary [illegible]	
BIRTHPLACE OF MOTHER (State or country): Balto Md	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lussie Voss

(Address) 219 Division St.

Filed 7/12 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to July 10, 1908

that I last saw h— alive on July 14 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Bronchitis (J. B)

(DURATION) 14 DAYS

Contributory (Primary) Pneumonia

(DURATION) 14 DAYS

(Signed) [illegible] M.D.

Address 712 S. Chapel

Date July 11th 1908

Place of Burial Mt Zion Cem

Date July 12 08 1908

Undertaker JAMES H DENNIS

Address 1332 PRESSTMAN ST.

Dr. J. W. Matthews

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1914 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanor Miller

{ Residence, if in Baltimore, Give Street and Number. } 1914 W. Lombard St.

Duration of Residence in Baltimore. Life

C13819

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: White

DATE OF BIRTH: Sept 1 1907

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Walter A Miller

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Emma Praecher

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Praecher

(Address) 1914 W. Lombard St

Filed 7/12 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 8th 1908 to July 10th 1908 that I last saw her alive on July 10th 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Entero-Colitis

(DURATION) 20 DAYS

(Signed) E. A. Knorr M.D.

Address 1721 W. Lombard st.

Date July 10th 1908

Place of Burial Western Cemetery

Date July 13 " 1908

Undertaker H. S. Finch

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... W

CERTIFICATE OF DEATH. 106

(Place of Death.) No. 711 W. Lombard St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Juszkiewicz Jr.

{ Residence, if in Baltimore, Give Street and Number. } 711 W. Lombard St

Duration of Residence in Baltimore. Life time

C 13620

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH —1

AGE 2 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph Juszkiewicz

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Victoria Laszkiwicz

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Juszkiewicz

(Address) 711 W. Lombard St

Filed 7/12 1908

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 — 1908

I HEREBY CERTIFY, That I attended deceased from July — 9 — 1908 to July 11 1908 that I last saw h— alive on " " 1908 and that death occurred, on the date stated above, at 7 p. m. CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis

4 Days (DURATION) — DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) DAYS

(Signed) Jos. P. Brannan M.D.

Address 125 S Paca —

Date July 11 — 08 — 1908

Place of Burial Holy Rosary ✓

Date July 13 1908

Undertaker William Faulkner

Address 424 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

103

(Place of Death.) No. 529 Columbia Ave. Baltimore Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Kaklieruis

{Residence, if in Baltimore, Give Street and Number.} 529 Columbia Ave Baltimore Md

Duration of Residence in Baltimore. all time

C13821

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Whit

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: J Kaklieruis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Kaklieruis

(Address) 529 N Columbia Ave

Filed 7/12 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 July 1908

I HEREBY CERTIFY, That I attended deceased from 9 July 1908 to 10 July 1908 that I last saw h im alive on 10 July 1908 and that death occurred, on the date stated above, at 12 p. m. CAUSE OF DEATH (Secondary or Immediate

Gastro-Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. Joseph Abramentis M.D.

Address 578 S. Broadway

Date 11 July 1908

Place of Burial St. Stanislaus

Date July 12th 1908

Undertaker William Frackowski

Address 424 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1103 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Lawrence Downs

{Residence, if in Baltimore, Give Street and Number.} 1103 N. Eden St.

Duration of Residence in Baltimore. Life C13822

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 8 1908

AGE ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. C. Peterson

(Address) 1103 N. Eden St.

Filed 7/12 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 11 1908 that I last saw h in alive on " " 1908 and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate

Insanus

(DURATION) 11 DAYS

Contributory (Primary) Hot weather

(DURATION) DAYS

(Signed) E. C. Peterson M.D.

Address 1103 N Eden St

Date July 11 1908

Place of Burial Trinity Cem

Date July 12/08 1908

Undertaker J Hervig & Son

Address 2008 Eldean St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C138/23 Reg. ....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1630 Milliman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Meyer

{ Residence, if in Baltimore, Give Street and Number. } 1630 Milliman st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	January 8th 1856
AGE	52 years, 6 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Balto City.
FULL NAME OF FATHER	not known
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	not known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Meyer

(Address) 1630 Milliman st

Filed 7/12 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1908

I HEREBY CERTIFY, That I attended deceased from May 27th 1908 to July 9th 1908 that I last saw h[illegible] alive on July 9th 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 6 Years,

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Singwald M.D.

Address 5 N. Washington st

Date July 10th 1908

Place of Burial Mt. Carmel Cem.

Date July 12/08 190[illegible]

Undertaker J. Henry Sons

Address 200 S. Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 427 East Lafayette Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh James Sloan

{ Residence, if in Baltimore, Give Street and Number. } 427 East Lafayette Ave

Duration of Residence in Baltimore. Lifetime C 13824

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	August 15, 1864
AGE	43 years, 10 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John J. Sloan
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Annie Gott
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Cussier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Sloan

(Address) 427 East Lafayette Ave

Filed 7/12 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 th 1908

I HEREBY CERTIFY, That I attended deceased from March 15 1908 to July 10th 1908

that I last saw h— alive on July 9 1908

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 1238 Greenmount Ave

Date July 11 1908

Place of Burial Cathedral Cemetery

Date July 13 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladislav Kushma

{Residence, if in Baltimore, Give Street and Number.} # 1626 Thames St.

Duration of Residence in Baltimore. Life-time C13825

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: - years, 10 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Michael Kushma.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Antonina Ofsjiak.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Kushma.

(Address) 1626 Thames St

Filed 7/12 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 11 1908 that I last saw h[illegible] alive on July 10 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St.

Date July 11 1908

Place of Burial St Stanislaus.

Date Sunday July 12 1908

Undertaker M. F. Gawarecki

Address 903 S. Ann St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2608 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stej Rympalski

{Residence, if in Baltimore, Give Street and Number.} 2608 Hudson St.

Duration of Residence in Baltimore. Life C13826

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Michael Rympalski.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Jozefa Malecka.

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josefa Rympalska.

(Address) 2608 Hudson St

Filed 7/12 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Greene St

Date July 12 1908

Place of Burial St Stanislaus.

Date Sunday July 12 1908

Undertaker M F Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

C13827

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 E Fortave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Reilly

{Residence, if in Baltimore, Give Street and Number.} 508 E Fortave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fe. | COLOR W.

DATE OF BIRTH July 12 1908

AGE 1 hour
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Joseph Reilly.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Anna Windle

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Reilly

(Address) 508 E Fortave.

Filed 7/12 1908 HARRY C. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1908

I HEREBY CERTIFY, That I attended deceased from July 12th 1908 to July 12th 1908

that I last saw h[illegible] alive on July 12th 1908

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature delivery
6 1/2 month

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J O'Donnell M.D.

Address 1340 S Charles St.

Date July 12th 1908

Place of Burial Ft Ulphonsus

Date July 13 1908

Undertaker E Hasle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1822 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Schreiber

{Residence, if in Baltimore, Give Street and Number.} 1822 Canton Ave

Duration of Residence in Baltimore. Life C13828

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 1875

AGE 33 years, ___ months ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Herman Schreiber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Schreiber

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr L. Erkson

(Address) 507 N. Lakewood Ave

Filed 7/13 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 2 - 1908

I HEREBY CERTIFY, That I attended deceased from Apr 12 1908 to July 2 1908

that I last saw h[illegible] alive on July 11 1908

and that death occurred, on the date stated above, at [illegible]

The CAUSE OF DEATH (Secondary or Immediate

Phthisis. Pulmonus

(DURATION) 90 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) E. C. Blades M.D.

Address 142 N. Bway

Date July 13- 1908

Place of Burial Mount Carmel

Date July 13 st 1908

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2109 Hargrove Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Spriggs

{Residence, if in Baltimore, Give Street and Number.} 2109 Hargrove Alley

Duration of Residence in Baltimore. 22 years C 13829

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Prince Geo. Co. Md

FULL NAME OF FATHER: Columbus Spriggs

BIRTHPLACE OF FATHER (State or country): Prince Geo. Co. Md

MAIDEN NAME OF MOTHER: Harriette Worst.

BIRTHPLACE OF MOTHER (State or country): Prince Geo. Co. Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant [signature]

(Address) 2109 Hargrove alley

Filed 7/13 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1908

I HEREBY CERTIFY, That I attended deceased from June 23 1908 to July 11th 1908 that I last saw h[illegible] alive on July 10th 1908 and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Con'ributory (Primary) Asthenia

(DURATION) DAYS

(Signed) Reginald J. Tonry M.D.

Address 2206 York Road.

Date Aug. July 11th 1908

Place of Burial Mt Zion

Date July 13 1908

Undertaker J. J. Smith Co

Address 1422 Penna Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13830 Registered No. B C13830

CERTIFICATE OF DEATH. 43

(Place of Death.) No. 444 Patterson Park Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M Wherrett

{ Residence, if in Baltimore, Give Street and Number. } 444 Patterson Pk Ave

Duration of Residence in Baltimore. fifteen.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Oct 20th 1854

AGE 57 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Morris Wherrett

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lucy A Elder

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Howard Iglehart M.D.

(Address) 539 N. Carrollton Ave.

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27th 1908 to July 12 1908 that I last saw her alive on July 11th 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Breast

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Howard Iglehart M.D.

Address 539 N. Carrollton Ave

Date 190

Place of Burial Holy Cross Cemetery

Date July 14 1908

Undertaker Geo J Smith & Co

Address 1000 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 9. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C13831 Registered No. B C13831

13

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 N Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas Schenerman

{Residence, if in Baltimore, Give Street and Number.} 11 N. Schroeder St

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH 1

AGE 51 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas C. Schenerman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Henderoth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Schenerman

(Address) 11 N. Schroeder St

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 12 1908

that I last saw him alive on July 11 1908

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate

Cholera Morbus

followed by Acute Enteritis

(DURATION) 14 Days

Contributory (Primary.) Asthenia

(DURATION) 12 Days

(Signed) W L Norwood M.D.

Address 939 W Fayette St

Date July 12 1908

Place of Burial Western Cemetery.

Date July 14 1908

Undertaker Geo. A. Smith, Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C13832 Registered No. B C13832

CERTIFICATE OF DEATH. 118

(Place of Death.) No. 1834 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Perelsky

{Residence, if in Baltimore, Give Street and Number.} 1834 E. Fayette St.

Duration of Residence in Baltimore. 3 1/2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White.

DATE OF BIRTH Apr. 1834.

AGE 74 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Russia.

FULL NAME OF FATHER Isaac Malkin.

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Malkin.

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1834 E. Fayette

Filed 7/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1908

I HEREBY CERTIFY, That I attended deceased from Sept, 1907 to July 12, 1908

that I last saw her alive on July 12, 1908

and that death occurred, on the date stated above, at 11:35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

(DURATION) 10 DAYS

Contributory (Primary.) Chronic Adhesive Pericarditis.

(DURATION) 270 DAYS

(Signed) H. D. Adler M.D.

Address 1616 E. Balto, St.

Date July 12, 1908

Place of Burial Rosedale Cemetery

Date July 13 1908

Undertaker's Mc Ginnis - Carnes

Address 1227 Mulberry St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C13833 Registered No. B C13833

108

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Max Miller

{Residence, if in Baltimore, Give Street and Number.} 216 Albemarle Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Bernhard Miller

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Johana Miller

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernhard Miller

(Address) 216 Albemarle

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from June 27 1908 to July 12 1908

that I last saw h was alive on July 12 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address John Hopkins Hospital

Date July 12 1908

Place of Burial Rosedale Cemetery

Date July 13 1908

Undertaker W. C. Ginn - Carroll

Address 1227 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C13831 — Registered No. C 13854 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1044 Clifton Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Henry Roddy

Residence, Give Street and Number, 1044 Clifton Place

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: July 11th 1907

AGE: — years, 4 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Luke J Roddy

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Maggie Tighe

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luke J Roddy

(Address) 1044 Clifton Place

Filed 7/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from about June 25 1908 to July 11 1908

that I last saw him alive on July 11 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Intestin

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. T. Riley M. D.

Address 1639 Bradway

Date July 11 1908

Place of Burial New Cathedral

Date July 13 1908

Undertaker E. A. Kirkfield Jr.

Address 2113 Greenmount Ave.

Remarks

PART ENCLOSED BY BLACK LINES TO BE FILLED OUT BY PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C13835 Registered No. B C13835

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 522 Addison all. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet Watkins

{Residence, if in Baltimore, Give Street and Number.} 522 Addison all

Duration of Residence in Baltimore. Fifty time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR d

DATE OF BIRTH —

1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co

FULL NAME OF FATHER Lemuell Watkins

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Howard Co

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Watkins

(Address) 522 addison all

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 10 1908 that I last saw her alive on July 10 1908, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage of lungs

(DURATION) 2 DAYS

Contributory (Primary) Bronchitis

(DURATION) 8 DAYS

(Signed) Walter A Cotton M.D.

Address 345 S. Fulton Ave

Date July 11 1908

Place of Burial Laurel

Date July 13 1908

Undertaker A. J. Freeland

Address 106 N. Schroeder-st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C13836 Registered No. B C13836

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 536 S. Paca St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Annolis.

{Residence, if in Baltimore, Give Street and Number.} 536 S. Paca St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1907

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Frank Annolis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie White

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Annolis

(Address) 536 S Paca St

Filed 7/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11, 1908

I HEREBY CERTIFY, That I attended deceased from July 11, 1908 to July 11, 1908 that I last saw h[illegible] alive on July 11, 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis - Colitis.

(DURATION) 5 Months

Contributory (Primary.) Improper Feeding

(DURATION) Days

(Signed) Albert J. Chambers. M.D.

Address 614 S. Paca. St

Date July 12, 1908

Place of Burial Holy Redeemer

Date July 13, 1908

Undertaker H. S. Frink

Address 2113 N. Pratt St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13837 Registered No. B C13837

CERTIFICATE OF DEATH. 42

(Place of Death.) No. 433 North Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Augusta A. Roth.

{ Residence, if in Baltimore, Give Street and Number. } No. 433 North Glover St.

Duration of Residence in Baltimore. during life.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Sept 8th 1868

AGE 39 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER August Jesse

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Roth

(Address) 433 N. Glover

Filed 7/13 1908

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1907 to July 10th 1908

that I last saw her alive on July 10th 1908,

and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

about one week (DURATION) DAYS

Contributory (Primary.) Cancer of Uterus

about one year (DURATION) DAYS

(Signed) Fredk A. Konrady, M.D.

Address 1211 E. Baltimore St.

Date July 12th 1908

Place of Burial St Mathews

Date 7/13/08 190

Undertaker J Herwig & Son

Address 200 E Oliver

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — C13838 — Registered No. B C13838

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1603 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George A. Homberg

{Residence, if in Baltimore, Give Street and Number.} 1603 N. Castle St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 24th 1858

AGE: 49 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: Chas. Homberg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Kate Homberg

(Address) 1603 N. Castle St.

Filed 7/13 1908 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 10 1908

that I last saw h[illegible] alive on July 10 1908

and that death occurred, on the date stated above, at 8 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 1 DAYS

Contributory (Primary.) Duodenal Ulcer (DURATION) 2 DAYS

(Signed) E W Duke M.D.

Address 250 E Hoffman St

Date July 12 1908

Place of Burial St. Paul Cem

Date July 13/08 1908

Undertaker Herwig & Son

Address 1008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13839

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

C13839

Registered No. B .....

City of Baltimore, (No. 1103, Myrtle Ave St.; ..... Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Dorothy R. Scrivner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ape (Month) 19 (Day) 1900 (Year)

AGE: 1 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm L. Scrivner

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Anna R Lidard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm J. Tickner & Sons

(Address) 425 W. Camden st

Filed JJ 13 1908

HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 12 1908

that I last saw h[illegible] alive on July 12 1908,

and that death occurred, on the date stated above, at 9:40 M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) 3 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Ira L. Fetterhoff M. D.

JUL 13 1908 IRA. L. FETTERHOFF, M. D.

(Address) N. E. Cor. Lafayette & Carrollton Aves.

BALTIMORE, MD. U. S. A.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lorraine Cem

DATE OF BURIAL: July 14 1908

UNDERTAKER: W. J. Tickner Sons

ADDRESS: Camden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

C13840

Registered No. B C13840

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 118 S. Green, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Matuszewicz

{Residence, if in Baltimore, Give Street and Number.} 118 S. Green St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Antony Matuszewicz

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Maryanna Mallarus

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Matuszewicz

(Address) #18 S Green St

Filed 7/13 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 12 1908

that I last saw him alive on July 12 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Stomach

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Suddenberg M.D.

Address 418 S. Paca St.

Date July 12 1908

Place of Burial St. Stanislaus

Date July 13 1908

Undertaker Jacob Fialkowski

Address 424 S. Bond, St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C13841 Registered No. B C13841

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1702 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Arthur

{Residence, if in Baltimore, Give Street and Number.} No. 1202 Ensor st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 14, 1905

AGE ... years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER John Arthur

BIRTHPLACE OF FATHER (State or country) Baltimore County

MAIDEN NAME OF MOTHER Maggie Stellin

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Geo. Arthur

(Address) No 1202 Ensor st.

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1908

I HEREBY CERTIFY, That I attended deceased from July 3, 1908 to July 12, 1908 that I last saw h[illegible] alive on July 12, 1908 and that death occurred, on the date stated above, at 12:50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Intestinal Catarrh

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. R. Elwell M.D.

Address 1741 Harford ave

Date July 12, 1908

Place of Burial Druid Ridge

Date July 13th 1908

Undertaker G. F. Malloy

Address 720 N. Lafayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C13842 Registered No. B

CERTIFICATE OF DEATH.

146

(Place of Death.) No. 1402 S Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Schneider

{Residence, if in Baltimore, Give Street and Number.} 1402 S. Charles St.

Duration of Residence in Baltimore. 55 years

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Mar 28 1828

AGE 80 years, 3 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Schneider

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs G. W. McClelland

(Address) 4770 Park Heights Ave

Filed 7/13 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 11 1908

that I last saw h alive on July 11 1908,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia.

Heart failure

(DURATION) 4 DAYS

Contributory (Primary.) Gastro Enteritis (DURATION) 4 DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Light St

Date Balto. July 11 1908.

Place of Burial Protestant

Date July 14 1908

Undertaker G. F. Mallow

Address 723 Mad. ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 19 C13843 Registered No. B C13843

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 179 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dominic De Faugles

{Residence, if in Baltimore, Give Street and Number.} 179 Falls Road

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Apr 22 1908
AGE	0 years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Dominic De Faugles
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Rosa Rathmore
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dom. De Faugles.

(Address) 179 Falls Road

Filed 7/13 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 12 1908

that I last saw him alive on July 12 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate

Malnutrition

(DURATION) mos DAYS

Contributory (Primary.) Intestinal indigestion (DURATION) 8 DAYS

(Signed) L. a Richardson M.D.

Address 1132 W. 25th St

Date July 13th 1908

Place of Burial St. Vincents

Date July 11 1908

Undertaker J. S. Marshall

Address 2537 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8

C13844

Registered No. B

C13844

62

CERTIFICATE OF DEATH.

(Place of Death.) No. 1334 N Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mc Causey

{ Residence, if in Baltimore, Give Street and Number. } 1334 N Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: January 26 1837

AGE: 71 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: widowed

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm J M Causey

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Henrietta Garrett

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Garrett

(Address) 1337 N. Bond

Filed 7/13 1908

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday 13 1908

I HEREBY CERTIFY, That I attended deceased from March 6 1908 to July 13 1908

that I last saw him alive on July 11 1908,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Progressive Spinal Paralysis (DURATION) 5 Months

(Signed) E. Johns M.D.

Address 1501 N Bond St

Date July 13 1908

Place of Burial Balto Female

Date July 15 1908

Undertaker Robt J Turner

Address 1442 N. Bway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C13845

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C13845

City of Baltimore, (No. 1516, E Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter D. Radcliffe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 16th 1882 (Month) (Day) (Year)

AGE: 25 years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singer

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel H Radcliffe

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Pauline B Radcliffe

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Bookbindir

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pauline B. Radcliffe

(Address) 1516 E. Preston St.

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 11th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1907 to July 11th 1908 that I last saw h im alive on July 11th 1908, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Bronchitis and Tuberculosis of the Lungs

(DURATION) 311 DAYS

Contributory Exhaustion / Apnea (DURATION) 3 DAYS

(Signed) Saml J Belt M. D.

July 13 1908 (Address) 1516 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: July 14 1908

UNDERTAKER: Robt J Turner | ADDRESS: 1 & 2 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C13846 Registered No. B C13846

CERTIFICATE OF DEATH.

91

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Muhlhause

{Residence, if in Baltimore, Give Street and Number.} 1473 Allen Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Spens

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelm Muehlhause

(Address) 1473 Allen St

Filed 7/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 12 1908 that I last saw h.. alive on July 12 1908, and that death occurred, on the date stated above, at 9.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchiectasis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address John Hopkins Hospital

Date July 12 1908

Place of Burial Cedar Hill

Date July 14 1908

Undertaker Robt J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13847 Registered No. B C13847

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ernest Lauber

{Residence, if in Baltimore, Give Street and Number.} 423 W Barre St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Lauber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amelia Clemy

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lauber

(Address) 423 W Barre St

Filed 7/13 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12. 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 12 1908 that I last saw him alive on July 12 1908 and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 18 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Sq. Hosp.

Date 7/13 1908 190

Place of Burial Loudon Park Cem

Date July 14 1908

Undertaker W. F. Tieckmeyer

Address Carrollton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C13848

Ward 6

Registered No. C 13848

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 165 Hillen Rd St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Infant of Full Name Alvin Dent

Residence, Give Street and Number, 165 Hillen Rd

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: July 12th 1908

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county): 165 Hillen Road

FULL NAME OF FATHER: Alvin Dent

BIRTHPLACE OF FATHER (State or county): Charles County Maryland

MAIDEN NAME OF MOTHER: Sarah Shackelin

BIRTHPLACE OF MOTHER (State or county): Baltimore County

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alvin Dent.

(Address) .....

Filed 7/13 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 12 1908

that I last saw him alive on July 12 1908

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Premature birth

(DURATION) — DAYS

Contributory (Primary) Debility (DURATION) — DAYS

(Signed) Geary C. Levy M. D.

Address Hamilton Md

Date July 13 1908

Place of Burial Piney Grove

Date July 13th 1908

Undertaker H. Dippel and Son

Address North and Harford Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

C13849

Registered No. B C13849

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 243 S. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elnora J. Pawlak (Pawlak)

{ Residence, if in Baltimore, Give Street and Number. } # 243 S. Washington St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ✓ years, 5 months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Frank Pawlak.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Ensrzibeth Knuck.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Pawlak.

(Address) 243 S. Washington St.

Filed 7/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th, 1908

I HEREBY CERTIFY, That I attended deceased from June 29 1908 to July 12 1908 that I last saw her alive on July 10 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Aliceanna St

Date July 13 1908

Place of Burial Holy Rosary.

Date Monday July 13 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C13850 Registered No. B C13850

CERTIFICATE OF DEATH.

(Place of Death.) No. 1023 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minna Sondershoff

{ Residence, if in Baltimore, Give Street and Number. } 1023 McCulloh st

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: — — — — 1828

AGE: about 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — Vocke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: — Hannsch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonia Sondershoff

(Address) 1023 McCulloh St

Filed 7/13 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from Apr 3 1908 to July 11 1908 that I last saw her alive on July 10 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

about 3 mo (DURATION) DAYS

Contributory (Primary.) Hemorrhage of brain

— (DURATION) 1 DAYS

(Signed) G Lane Taneyhill M.D.

Address 1103 Madison ave

Date July 11 1908

Place of Burial Baltimore Cem.

Date July 13th 1908

Undertaker Henry W Jenkins & Sons Co

Address 300 Madison St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C13851 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Adam G. Henry

{ Residence, if in Baltimore, Give Street and Number. } 12-10 N. Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Holly Supt.

(Address) BAY VIEW ASYLUM

Filed 7/13 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 11 1908 that I last saw him alive on July 11 1908 and that death occurred, on the date stated above, at 3.30 M. CAUSE OF DEATH (Secondary or Immediate

Uremia —

— (DURATION) DAYS

Contributory (Primary.) Epilepsy

(DURATION) — DAYS

(Signed) R. V. Eckard M.D.

Address Bay View Asylum

Date July 12 1908

Place of Burial Mt Olivet

Date July 13 1908

Undertaker Robt F. Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13852 Registered No. B C13852

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 419 N. Lakewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carroll C. Sentz

{Residence, if in Baltimore, Give Street and Number.} 419 N. Lakewood ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 18 1908

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles Sentz

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary A. Brady

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Sentz

(Address) 419 N. Lakewood ave

Filed 13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12" 1908

I HEREBY CERTIFY, That I attended deceased from July 6" 1908 to July 12" 1908

that I last saw h alive on July 11" 1908

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Cholera Infantum

(DURATION) 10 DAYS

(Signed) Margaret Robertson M.D.

Address 2129 E. Baltimore St.

Date July 12" 1908

Place of Burial Holy Cross

Date July 14 1908

Undertaker J. C. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13853 Registered No. B C13853

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1306 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evaelyn Fountain

{Residence, if in Baltimore, Give Street and Number.} 1306 W. Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Howard Fountain

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mamie Hogan

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Fields

(Address) 1200 W. Lombard

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1908 to July 12 1908

that I last saw h alive on July 11 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

3 mos. (DURATION) DAYS

Con'tributory (Primary.) Malformation

(DURATION) DAYS

(Signed) J. C. Lamond M.D.

Address 1302 W. Lombard

Date July 13 1908

Place of Burial Mt Olivet

Date July 14th 1908

Undertaker John L Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C13854

C13851 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2211 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lotte Emge

{Residence, if in Baltimore, Give Street and Number.} 2211 E. Monument st

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 24 1907

AGE 1 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John Emge

BIRTHPLACE OF FATHER (State or country) Washington D. C.

MAIDEN NAME OF MOTHER Lear Vain

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Emge

(Address) 2211 E. Monument St

Filed 7/13 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12/08 1908

I HEREBY CERTIFY, That I attended deceased from July 10/ 1908 to July 12/ 1908 that I last saw h[illegible] alive on July 12/ 1908, and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Hemorrhage (Meningeal) (DURATION) 1 DAYS

(Signed) G. G. Ryt[illegible] M.D.

Address 2204 E Monument St.

Date July 13/ 1908

Place of Burial Oakland

Date July - 15 - 1908

Undertaker Christian Miller

Address Northern Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C13855 Registered No. B C13855

CERTIFICATE OF DEATH. 13?

(Place of Death.) No. St. Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Stroker

{Residence, if in Baltimore, Give Street and Number.} 1817 N. Durham St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Not known 1877

AGE 31 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Ratican

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Agnes Kelly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Slaker

(Address) 1817 Durham

Filed 7/13 1908

DANIEL C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1908

I HEREBY CERTIFY, That I attended deceased from July 10th 1908 to July 11th 1908 that I last saw her alive on July 11th 1908, and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Sepsis —
Double Pyosalpinx —
Septic intoxication
a.2.7

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. J Kirby Be Cath M.D.

Address 106 E. North Ave

Date July 11 th 1908

Place of Burial Catharine

Date July 14 1908

Undertaker Pott & Turner

Address 1742 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C13856 Registered No. B C13856

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Shroughopp Av. & Liberty Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Christler

{Residence, if in Baltimore, Give Street and Number.} Shroughopp av. & Liberty Road (Christler)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Man | COLOR: White

DATE OF BIRTH: May 5th 1852

AGE: 56 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie E. Chandler

(Address) Shroughopp Av. & Liberty

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1908

I HEREBY CERTIFY, That I attended deceased from .....1908.....to.....1908.....

that I last saw h.....alive on.....1908.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Acute Intestinal (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Bradford M.D.

Address 700 Loz. Av. (Govans)

Date July 12th 1908

Place of Burial Lorraine Cemetery

Date July 15 1908

Undertaker Joe B Cook

Address 1012 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C13857 Registered No. B C13857

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 7. N. Monroe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Cora F. Wade

{Residence, if in Baltimore, Give Street and Number.} 7 N. Monroe St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 11 1899

AGE 8 years, 7 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER H Upton Wade

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Teresa D. Fowler

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Upton Wade

(Address) 7 N. Monroe St

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1908

I HEREBY CERTIFY, That I attended deceased from July 1, 1908 to July 12 1908 that I last saw h~~er~~ alive on July 12 1908, and that death occurred, on the date stated above, at 9:30 p. m. CAUSE OF DEATH (Secondary or Immediate)

Dropsy

(DURATION) 6 mo

Contributory (Primary.) Heart disease

(DURATION) ~~one~~ two yrs

(Signed) E. A. Dickey, M.D.

Address 14 N. Monroe St.

Date July 13, 1908

Place of Burial Mt Olivet

Date July 15 1908

Undertaker Jas B. Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C13858 Registered No. B C13858

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 S. Carlton St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Dennis L. McElgun

{ Residence, if in Baltimore, Give Street and Number. } 111 S. Carlton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 22 1908
AGE	....years, 3 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	James P McElgun
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Pender
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. McElgun

(Address) 111 S. Carlton St

Filed 7/13 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 12 1908

that I last saw h[illegible] alive on July 12 1908,

and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M A O'Neill M.D.

Address 108 N. Fulton Ave

Date July 13 1908

Place of Burial St Peters

Date July 13 1908

Undertaker Jos B Cook

Address 103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C13859 Registered No. B C13859

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincent's Infirmary (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Gonzales

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infirmary.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infirmary

(Address)

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 12 1908

that I last saw her alive on ... 1908

and that death occurred, on the date stated above, at 12

~~a.m.~~ p.m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) K. Finlay M.D.

Address 9. E. Biddle St.

Date July 13 1908

Place of Burial Mt Cathedral

Date July 13 1908

Undertaker Martin Fahey Sons

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C13860 Registered No. B C13860

CERTIFICATE OF DEATH. 137

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Taft.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Dep Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH May 11 1908

AGE ..... years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Dep Asy

(Address)

Filed 7/13 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to July 12 1908

that I last saw him alive on " " 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Fisher M.D.

Address 9. E. Biddle St.

Date July 13 1908

Place of Burial Mt Calvaried

Date July 13 1908

Undertaker Martin Tabert Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C13861 Registered No. B C13861

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Honor

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infirmary

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH January 20 1908

AGE ..... years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infirmary

(Address)

Filed 7/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 190

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 12 1908

that I last saw h.. alive on .. 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Inter Colitis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J.S. Fricker M.D.

Address 9-6. Biddle St.

Date July 13 1908

Place of Burial Our Cathedral

Date July 13 1908

Undertaker Martin Bahen & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, cause and date of death, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

C13862

Registered No. B C13862

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bell Dawson

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1906

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy Asy

(Address)

Filed 7/13 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 11 1908 that I last saw h[illegible] alive on " " 1908, and that death occurred, on the date stated above, at 11 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J. S. Finlen M.D.

Address 7.6. Biddle St.

Date July 13th 1908

Place of Burial New Cathedral

Date July 13 1908

Undertaker Martin Fahy and Son

Address 806 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C13863 Registered No. B C13863

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca J. Springs.

{ Residence, if in Baltimore, Give Street and Number. } 107 N. Poppleton St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Mar 1828

AGE: 80 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: don't know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 178 S. Calhoun st

Filed 7/13 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1908

I HEREBY CERTIFY, That I attended deceased from July 6, 1908 to July 12, 1908 that I last saw h.er alive on July 12, 1908, and that death occurred, on the date stated above, at 9.25 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (of lower lobe)

(DURATION) 4 DAYS

Contributory (Primary.) Shock due to a fall down steps (about 10 days ago)

(DURATION) 10 DYS

(Signed) Benjamin Worth, Jr. M.D.

Address Union Prot. Inf.

Date July 12, 1908

Place of Burial Mount Olivet

Date July 14 1908

Undertaker Robt Brookens

Address 178 S. Calhoun st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C13861 Registered No. B C13861

CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 Hollins St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name A. Decatur Bryan

{Residence, if in Baltimore, Give Street and Number.} 1628 Hollins st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 19 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED Single Col

BIRTHPLACE (State or country) Queen Annes Co Md

FULL NAME OF FATHER Alfred S Bryan

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER E H McGinnis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Aprentice Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred S Bryan

(Address) 1628 Hollins St

Filed 7/13 1907 HENRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to July 11 1907 that I last saw h~~im~~ alive on July 11 1907 and that death occurred, on the date stated above, at 2 p.m.

CAUSE OF DEATH (Secondary or Immediate.) Pulmonary tuberculosis

Under treatment (DURATION) 7 DAYS

Contributory (Primary.) Typhoid (DURATION) DAYS

(Signed) J. L. Jamison M.D.

Address 302 N. Longwood st

Date July 14 1907

Place of Burial Queen Annes Co Md

Date 7/14 1907

Undertaker Wm J Schilling

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13865 Registered No. B 5

CERTIFICATE OF DEATH.

42

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Matilda Wilson (a Chin)

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	C.
DATE OF BIRTH	1
AGE	57 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASY

Filed 7/13 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12- 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 12 1908 that I last saw h alive on July 12 1908 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate

Cancer of Uterus -

—

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) W. H. Taber M.D.

Address B. V. Hospital

Date July 13- 1908

Place of Burial Mt Auburn

Date July 13- 1908

Undertaker Jno. H. Toadvine

Address 142 S Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13866 Registered No. B C13866

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1805 Alice Anne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Mulcahey

{Residence, if in Baltimore, Give Street and Number.} Life 1805 Alice Anne

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH July 13 1908

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Robt Mulcahey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Flaherty

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Mulcahey

(Address) 1805 Alice Anne St

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 13 1908 that I last saw h.. alive on July 12 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Kalahan M.D.

Address 16 S Broadway

Date July 13 1908

Place of Burial St Stanislaus

Date July 14 1908

Undertaker Joseph Stonestreet

Address 1703 Alice Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C13867 Registered No. B C13866

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 2107 E Preston St (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Gerard William Gatch

{Residence, if in Baltimore, Give Street and Number.} 2107 E Preston st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 28th 1908

AGE: — years, 9 months, 20 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Nicholas B. Gatch

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Anna Marie Seifried

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas B Gatch

(Address) 2107 E Preston st

Filed 7/15 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 13 1908

that I last saw him alive on July 13 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION)

Contributory (Primary.) Pneumonia

(DURATION) 4d

(Signed) E W Wilson M.D.

Address 2250 E Hoffman

Date July 13 1908

Place of Burial Holy Redeemer Cemetery

Date July 16th 1908

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C13868 Registered No. B C13868

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 N. Luzerne St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary S. Aspril

{Residence, if in Baltimore, Give Street and Number.} 1305 N. Luzerne st

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 29th 1845

AGE: 62 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: James B Aldrichs

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Racheal Diehl

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles B. Aspril

(Address) 1305 N. Luzerne st

Filed 7/13 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 12th 1908 to July 12th 1908

that I last saw her alive on July 12th 1908

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate

Progressive Muscular Atrophy

1 year 5 mos (DURATION) DAYS

Contributory (Primary.) Mitral Failure

(DURATION) DAYS

(Signed) T. S. Hessler M.D.

Address Wyng & Preston

Date July 14th 1908

Place of Burial Rodgers Cemetery, Middletown Del. New Castle Co

Date July 15th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 13869 Registered No. B 13869

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 2904 Elliott st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen E. O'Rourke

{Residence, if in Baltimore, Give Street and Number.} 2904 Elliott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Dec 23 1883

AGE 24 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John O'Rourke

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Anna Maher

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. John Adams

(Address) 2904 Elliott st

Filed 1/13 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1908 to July 11 1908

that I last saw her alive on July 11 1908,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis (DURATION) unknown DAYS

Contributory (Primary.)

as Hemia (DURATION) 2 mos. DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Canton Av

Date July 12 1908

Place of Burial Holy Cross Cemetery

Date July 14 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C13670 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1401 Olive St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm E. Himmel

{Residence, if in Baltimore, Give Street and Number.} 1401 Olive St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 7th 1908

AGE: X years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Himmel

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Kaufman

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Himmel

(Address) 1401 Olive st

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1908

I HEREBY CERTIFY, That I attended deceased from July 5th 1908 to July 12th 1908 that I last saw h[illegible] alive on July 12 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Entero Colitis

(DURATION) 5 DAYS

Contributory (Primary.)

Convulsions (DURATION) DAYS

(Signed) W. H. Hammon M.D.

Address 835 Light St

Date July 13th 1908

Place of Burial Cedar Hill Cem.

Date July 14th 1908

Undertaker E. Schloman & Son

Address 109 Hanover st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C1387 Registered No. B C1387

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1906 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Dorothy V. Stewart

{Residence, if in Baltimore, Give Street and Number.} 1906 Druid Hill Ave.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Robert Stewart

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lucy F. Harford

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mr. Robert Stewart

(Address) 1906 Druid Hill Ave

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 13 1908 that I last saw her alive on July 13 1908, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis (DURATION) 4 DAYS

Con'tributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date July 13, 1908

Place of Burial Mt. Auburn Cemetery

Date July 14th 1908

Undertaker Geby & Rye.

Address 112 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 013872 Registered No. B 013872

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 831 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bohumila Bures

{Residence, if in Baltimore, Give Street and Number.} 831 N. Montford ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Ferdinand Bures

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Antonie Pronek

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ferdinand Bures

(Address) 831 N. Montford ave

Filed 7/13 1908

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 13 1908 that I last saw her alive on ..... 1908, and that death occurred, on the date stated above, at 3.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

(a) Gastro Enteritis

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac Failure (DURATION) ..... DAYS

(Signed) W. J. Ryan M.D.

Address 2 Hoffman

Date July 13 1908

Place of Burial Oak Hill

Date July 14 1908

Undertaker Frank Brack and Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C13873 Registered No. B..... C13873

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2120 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Stoby

{Residence, if in Baltimore, Give Street and Number.} 2120 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Stoby

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Annie Stolaleb

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Stoby

(Address) 2120 E. Monument st

Filed 7/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 13 1908 that I last saw h.. alive on " 190.., and that death occurred, on the date stated above, at 4

1 M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro -

Enteritis

(DURATION) 4 DAYS

Contributory (Primary)

Cardiac Exhaustion (DURATION) ..... DAYS

(Signed) W. J. Rysamek M.D.

Address 2602 Ashland Ave

Date July 13 - 1908

Place of Burial St Alphonsus

Date July 13 1908

Undertaker Frank Brack and Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 2020 Mc Elderry St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Evelyn M. Louis

{Residence, if in Baltimore, Give Street and Number.} 2020 Mc Elderry St.

Duration of Residence in Baltimore. Life C 13874

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jany 6" 1908

AGE: — years, 6 months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Gus Louis

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Haines

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 2020 Mc Elderry St

Filed 7/14 190

HARRY C. ANDREWS PERMIT CLERK

Registrar H. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12" 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to July 12 1908

that I last saw her alive on July 11" 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date July 13 1908

Place of Burial: Loudon Park

Date July 14" 1908

Undertaker Chas F. Evans

Address 1184 1120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C13875 Registered No. B C13875

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2812 Clifton ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarapheli a G. Beers

{Residence, if in Baltimore, Give Street and Number.} 2812 Clifton ave.

Duration of Residence in Baltimore. 39 yrs. C13875

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 29 1840

AGE 67 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Mass.

FULL NAME OF FATHER Albert G. Howard

BIRTHPLACE OF FATHER (State or country) Maine

MAIDEN NAME OF MOTHER Hannah S. Mason

BIRTHPLACE OF MOTHER (State or country) Maine

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter W. Beers

(Address) 2812 Clifton ave

Filed 7/14 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

H. K.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to July 12th 1908 that I last saw her alive on July 12th 1908 and that death occurred, on the date stated above, at 9-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholecystitis

(DURATION) 1 DAYS

Contributory (Primary.)

Asthma Heart Disease Bronchitis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 3050 Lobath ave

Date July 13th 1908

Place of Burial Fall River Mass.

Date July 14 1908

Undertaker Wm. C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13th C13876 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. Druid Hill Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Rozentsweig,

{Residence, if in Baltimore, Give Street and Number.} 129 S. Bond Street,

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 19 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jacob Rozentsweig

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Esther Rozentsweig

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wolf Becker

(Address) 127 S Bond st.

Filed 7/14 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ..., that I last saw h ... alive on ... 190 ..., and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Hanging and by pistol - shot through roof of mouth and brain (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Ronald V. Abercrombie Coroner

Address

Date July 13 1908

Place of Burial Johns Hopkins

Date July 14 1908

Undertaker Mary Levinson

Address 1620 N. Eden [illegible]

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C13877 Registered No. B C13877

CERTIFICATE OF DEATH.

17 v

(Place of Death.) No. 55 Ft McHenry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Dietrich

{Residence, if in Baltimore, Give Street and Number.} 402 Sanders St.

Duration of Residence in Baltimore. Life C13877

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 24 1892

AGE 16 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph Dietrich

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary Wenger.

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Press Feeder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Dietrich Father

(Address) 402 Sanders St

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h~~im~~ alive on ~~190~~

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Hs M Reinhardt M.D.

Address Coroner

Date July 13 1908

Place of Burial St Alphonsus

Date July 14th 1908

Undertaker Jos. Stenbeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13878 Registered No. B C13878

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1400 E. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Fry

{ Residence, if in Baltimore, Give Street and Number. } ~~Life~~ 1400 E Fort Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 13 ~~Feby~~ 1908
19 Feb

AGE ..... years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Michael Fry.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Maggie Blank.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaretta Frei

(Address) 1400 E Fort Ave

Filed 7/14 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 13 July 190 8

I HEREBY CERTIFY, That I attended deceased ~~from~~ on
12th July 190 8 to 13 190
that I last saw him alive on 12 July 190 8
and that death occurred, on the date stated above, at 1
P.M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary) Marasmus

Chol. Infm. (DURATION) DAYS

(Signed) Jas Corpus M.D.

Address 1522 Hoad St

Date 13 July 190 8

Place of Burial Cedar Hill

Date July 14th 190 8

Undertaker Jos. Armbruck

Address 1318 Light St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7p

Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 34 E West St

St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie L Langman

{ Residence, if in Baltimore, Give Street and Number. } 34 E West St

Duration of Residence in Baltimore.

C13879

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 14 1881

AGE: 26 years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John H. Baltimore

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary A Dennis

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Langman

(Address) 34 E West St

Filed 7/14 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1908

I HEREBY CERTIFY, That I attended deceased from June 20th 1908 to July 13th 1908 that I last saw h[illegible] alive on July 12th 1908, and that death occurred, on the date stated above, at 3.05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

10 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos J Osborne M.D.

Address 1340 S Charles St

Date July 15th 1908

Place of Burial Holy Cross Cem.

Date July 15th 1908

Undertaker Jos. Hunter & Co

Address 1510 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C13880 Registered No. C C13880

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 501 Burgundy Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Smith

Residence, Give Street and Number, 501 Burgundy av

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F

COLOR: C

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balt Md

FULL NAME OF FATHER: Charles smith

BIRTHPLACE OF FATHER (State or county): Napolis Md

MAIDEN NAME OF MOTHER: Emma Harper

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Smith

(Address) 501 Burgundy alley

Filed 7/17 190 8 HARRY O. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 12 190 8

I HEREBY CERTIFY, That I attended deceased from the Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Patrick F Martin M. D.

Address Coroner

Date July 12 190 8

Place of Burial Mt Auburn cemetery

Date July 14 190 8

Undertaker Wes H Harper

Address 604 Little Pacca St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death*** of the person deceased.

Ward 13 C13881 Registered No. B C13881

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1548 Fremont Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Melvin Lewis Mason

{ Residence, if in Baltimore, Give Street and Number. } 1548 Fremont Ave

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Oct. 25 1906

AGE: 1 year, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Samuel W. Mason

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Bertha Kelson

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel W. Mason

(Address) 1548 Fremont Ave

Filed 7/14 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to July 12 1908 that I last saw h in alive on July 12 1908 and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cholera-

infantum (DURATION) 2 DAYS

(Signed) J. Frederick Leitz M.D.

Address 1340 W North Ave.

Date July 13 1908

Place of Burial Mt Auburn Cemetery

Date July 14 1908

Undertaker Geo H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13882 Registered No. B C13882

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1707 2. Spring St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Florence Murray Free.

{Residence, if in Baltimore, Give Street and Number.} 1707 2. Spring St.

Duration of Residence in Baltimore. Life C13882

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Murray

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma E. Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma E. Murray

(Address) 1707 N. Spring St

Filed 7/14 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to July 6 1908

that I last saw h alive on " 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H.S. Finla M.D.

Address 46. Biddle St

Date July 13 1908

Place of Burial Samuel

Date July 15 1908

Undertaker R. A. Elliott

Address 506 Royer

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13883 Registered No. B C13883

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2405 Longwood Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roland W. Emory

{Residence, if in Baltimore, Give Street and Number.} 2405 Longwood Alley

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: — years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Zeb Emory

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lottie Hersey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Zeb Emory

(Address) 2405 Longwood alley

Filed 7/14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 13 1908 that I last saw h[illegible] alive on July 13 1908 and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea and enteritis

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Robt. G. Schmeltz M.D.

Address 424 East 23d

Date July 13, 1908

Place of Burial Mt Auburn

Date July 14 1908

Undertaker R. G. Eckert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13884 Registered No. B C13884

15

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 N Gay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac Brusoch

{Residence, if in Baltimore, Give Street and Number.} 827 N Gay St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH July 12th 1908

AGE ..... years, ... months, 1 4/6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Moritz Brusoch

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Kate Horowitz

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moritz Brusoch

(Address) 827 N Gay St

Filed 7/14 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1908

I HEREBY CERTIFY, That I attended deceased from July 12th 1908 to July 13th 1908

that I last saw him alive on July 13th 1908 4.30

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

1 hr 1 month (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. J. Sloper M.D.

Address 1506 E Eager St

Date July 13th 1908

Place of Burial Hebrew Friendship Cem

Date July 14th 1908

Undertaker Frank Conrad & Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C13885

C13885

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 2315 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine L Smith

{ Residence, if in Baltimore, Give Street and Number. } 2315 Eastern Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 8 1908

AGE: — years, 3 months, 4 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balti

FULL NAME OF FATHER: William J Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine Siegrist

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Smith

(Address) 2315 Eastern Ave

Filed 7/14 1908 HARRY U. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 12 1908 to July 13 1908 that I last saw her alive on July 12 1908, and that death occurred, on the date stated above, at 3 11 A M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) John Roth M.D.

Address 607 Eastern Ave

Date July 13 1908

Place of Burial Mt Carmel

Date July 14 1908

Undertaker Robt J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13886 Registered No. B C13880

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1637 N. Dansdale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander C Gallagher

{Residence, if in Baltimore, Give Street and Number.} 1637 N. Dansdale St.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Oct 31 1834

AGE 73 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Chas Gallagher

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Nancy Campbell

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Shoe-Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs V. Gallagher

(Address) W. Arlington

Filed 7/14 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 12 1908 that I last saw h[illegible] alive on July 12 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Irvin Eberly M.D.

Address 1744 Linden Ave

Date July 13 1908

Place of Burial Druid Ridge Cemetery

Date July 15 1908

Undertaker Harry W. Ehlen

Address 1944 W. North Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13887 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital, Insane Department St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Josephine Carter

{ Residence, if in Baltimore, Give Street and Number. } Baltimore 1325 Etting St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH .....

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER .....

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 12 1908 that I last saw her alive on July 12 1908, and that death occurred, on the date stated above, at 4 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia & Cardiac Failure

(DURATION) 1 DAYS

Contributory (Primary.) Typhoid Fever.

(DURATION) 7 DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date July 12 1908

Place of Burial cut autumn

Date July 14 1908

Undertaker Wm J. Johnson

Address 614 Park

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C13868 Registered No. B C13868

CERTIFICATE OF DEATH.

12°

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Robert Dorritter

{ Residence, if in Baltimore, Give Street and Number. } 1923 Union ave

Duration of Residence in Baltimore. 54 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July [illegible] 1848

AGE 54 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Robert E Dorritter

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Ellen K Bond

BIRTHPLACE OF MOTHER (State or country) Baltimore County

OCCUPATION OF DECEASED Plaster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Johns

(Address) Exter Kolb & Nicholson

Filed 7/14 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to July 12 1908 that I last saw h[illegible] alive on July 12 1908 and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate

Chronic Uremia

With Exhaustion

(DURATION) DAYS

Contributory (Primary.) Chronic Parenchymatous Nephritis (DURATION) DAYS

(Signed) Geo. A Hartman M.D.
Per H. E. Wilkinson

Address 1121 N. Carolina St

Date July 12 1908

Place of Burial Baltimore Cemetery

Date July 14 1908

Undertaker Henry Hoeck Son

Address 1301 E Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. C

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1010 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederica Betz

Residence, Give Street and Number, 1010 N. Central Ave

Duration of Residence in Baltimore, 50 yrs C 13889

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Conrad Dodderman

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Frederica Heibich

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Betz

(Address) 1010 N. Central Ave.

Filed 7/14 1908

HARRY C. KNIGHT
Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 13th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1907 to July 13th 1908

that I last saw h[illegible] alive on July 8th 1908

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Mitral Insufficiency

about 6 mo yrs
(DURATION)

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm. C. Taylor M. D.

Address 1504 E. Eager St.

Date July 13th 1908

Place of Burial Baltimore Cemetery

Date July 15th 1908

Undertaker Henry Wade Sons

Address 130 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C13890 Registered No. B C13890

175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 Edmonson av ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emil E. Mezger

{Residence, if in Baltimore, Give Street and Number.} 1900 Edmonson av

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Aug 24 1882

AGE: 25 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Emil A. Mezger

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Georgia Pritchet

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Lithographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil A. Mezger

(Address) 1900 Edmonson av

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from July 6 1908 to July 12 1908 that I last saw h[illegible] alive on July 12 1908 and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ptomaine Poisoning

(DURATION) 6 DAYS

Con'tributory (Primary) Paralysis of Respiratory centre (DURATION) DAYS

(Signed) Albert F. Corry M.D.

Address 1412 Mt Royal av

Date July 13 1908

Place of Burial London Park

Date July 15th 1908

Undertaker C. H. McCormick

Address 1729 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 013891 — Registered No. B 013891

CERTIFICATE OF DEATH.

17.

(Place of Death.) No. 728 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James J. O'Brien

{Residence, if in Baltimore, Give Street and Number.} 775 W. Lexington St

Duration of Residence in Baltimore. Four Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 11th 1869

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Bristol England

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lottie L. O'Brien

(Address) 721 W. Lexington St

Filed 7/14 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1908

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 13 1908.

that I last saw h— alive on July 13 1908, and that death occurred, on the date stated above, at 12.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Ex haustion

(DURATION) DAYS

Contributory (Primary.) Pneumonia

Tuberculous (DURATION) DAYS

(Signed) R W H P Bay M.D.

Address Mercy Hospital

Date July 13 1908

Place of Burial London Park

Date July 15th. 1908

Undertaker C. F. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13892 Registered No. B C13892

CERTIFICATE OF DEATH. 17

(Place of Death.) No. Drawed off Fort St. & Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Edward Zimmerman

{Residence, if in Baltimore, Give Street and Number.} 451 Covington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 25 1890

AGE 18 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Charles Zimmerman

BIRTHPLACE OF FATHER (State or country) Cumberland Md.

MAIDEN NAME OF MOTHER Alice Zapp

BIRTHPLACE OF MOTHER (State or country) West Virginia

OCCUPATION OF DECEASED Fireman on Steamer Charlotte

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Zimmerman

(Address 451 Covington St.

Filed 7/14 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ....., and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) H. W. Reinhardt M.D.

Address Coroner

Date July 13 1908

(Father)

Place of Burial Cedar Hill Cemetery

Date July 15 1908

Undertaker Edward J. Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. C13893

CERTIFICATE OF DEATH. 13

(Place of Death.) No. 2 City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Shriver

Residence, Give Street and Number, 127 Stafford St.

Duration of Residence in Baltimore, Life time C13893

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1877

AGE 31 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER John H. Shriver

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Elizabeth Lemmer

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Kirchhoff

(Address) 127 Stafford St.

Filed 7/14 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at about 8a. M. CAUSE OF DEATH (Secondary or Immediate,)

Cholera Morbus.

Heart Failure

(DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

Perhaps Pneumonia

(Signed) W. H. Riley. Coroner M. D.

Address 1639 Broadway

Date July 13- 1908

Place of Burial Loudon Park

Date July 15th 1908

Undertaker Chas J. Evans

Address 118 & 120 W. Mt. Royal Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C13894 Registered No. C C13894

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1400 Gough St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wolf

Residence, Give Street and Number, 1400 Gough St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 27 years, months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER John Wolf.

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Anna Lebitz

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Wolf

(Address) 1400 Gough St.

Filed 7/14 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 12" 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to July 12 1908

that I last saw h— alive on July 11 1908

and that death occurred, on the date stated above, at 2.10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

, Pulmonary Tuberculosis —

3 mos — (DURATION) DAYS

Contributory (Primary) Exhaustion — Heart

1 wk — (DURATION) DAYS

(Signed) J. H. Moore M. D.

Address 125 E Baltimore —

Date July 13 — 1908

Place of Burial Mt. Carmel Cem

Date July 14" 1908

Undertaker Kendell Dilgard & Co

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 5 — 013895 — Registered No. B 13870

CERTIFICATE OF DEATH.

104

(Place of Death.) No 513 Jefferson St. Court No 2 St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jane Cooper

{Residence, if in Baltimore, Give Street and Number.} 513 Jefferson St. Court No 2

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 42 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Robt Dixon

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jane Dixon

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Cooper

(Address) 513 Jefferson st ct 42

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5:10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Hugh Cameron M.D.

Address Coroners Office

Date July 12 1908

Place of Burial Laurel Cemetery

Date July 14th 1908

Undertaker Wm. J. G. Jackson

Address 1421 Fountain st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13896 Registered No. B C13896

CERTIFICATE OF DEATH. 17

(Place of Death.) No. Off. Fort Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. Pendregast.

{ Residence, if in Baltimore, Give Street and Number. } 1410 Jackson St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 24 1888

AGE 19 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Andrew Pendregast

BIRTHPLACE OF FATHER (State or country) Boote Md.

MAIDEN NAME OF MOTHER Mary E. Wickham

BIRTHPLACE OF MOTHER (State or country) Boote Md

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. DeLacour (mother)

(Address) 1419 Jackson St

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Chas M Reinhardt M.D.

Address Coroner

Date July 14 1908

Place of Burial Cedar Hill Cem

Date July 14 190

Undertaker J. E. Galvin & Son

Address 1127 Hillsdale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13897 Registered No. B [illegible]

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1807 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Antonie

{Residence, if in Baltimore, Give Street and Number.} 1807 Eastern ave

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 7th 1831

AGE: 77 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ignatz Antonie

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorothea Bonnet

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Antonie

(Address) 1807 Eastern Ave

Filed 7/14 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to July 12 1908

that I last saw him alive on July 11 1908

and that death occurred, on the date stated above, at 2.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Senile Debility

(DURATION) 6 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. M. Roth M.D.

Address 1807 Eastern Ave

Date July 14th 1908

Place of Burial 1st Evangelical Lem.

Date July 14th 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13898 Registered No. B C13898

CERTIFICATE OF DEATH.

(Place of Death.) No. 301 N Bruce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Charles Prigge

{ Residence, if in Baltimore, Give Street and Number. } 301 N Bruce St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 26 1885

AGE: 22 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: August E. Prigge

BIRTHPLACE OF FATHER (State or country): Gildesheim Germany

MAIDEN NAME OF MOTHER: Sophie M Sangerwald

BIRTHPLACE OF MOTHER (State or country): Stolzenau Hannover Ger

OCCUPATION OF DECEASED: Presser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sophie Prigge

(Address) 301 N Bruce St.

Filed 7/14 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to July 12 1908 that I last saw him alive on July 11 1908, and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 7 DAYS

Contributory (Primary) Meningitis

Tuberculous (DURATION) 32 DAYS

(Signed) James Boothby M.D.

Address 1701 Hollins St

Date July 13th 1908

Place of Burial London Park Cem.

Date July 14th 1908

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C13899 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1718 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elinor Schultze

{Residence, if in Baltimore, Give Street and Number.} No. 1718 N. Bradford st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 21, 1908

AGE ..... years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Frederick Schultze

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Rose

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Schultze

(Address) 1718 Bradford st

Filed 7/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13, 1905

I HEREBY CERTIFY, That I attended deceased from July 7, 1905 to July 13, 1905 that I last saw her alive on July 13, 190 . and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. R. Colwell, M.D.

Address 1741 Harford Ave

Date July 13, 1905

Place of Burial Baltimore Haem.

Date July 14 1905

Undertaker A. Fink & Son

Address 915 N. Gay st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B

45

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name August Kappel

{ Residence, if in Baltimore, Give Street and Number. } 1104 McDonough Street

50 years

Duration of Residence in Baltimore. C 13900

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 27 1834

AGE 73 years, 10 months, 15 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Happer

(Address) 1104 McDonough

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from June 30 1908 to July 12 1908 that I last saw h[im] alive on July 12 1908, and that death occurred, on the date stated above, at 5 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of bladder.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W D Stratton M.D.

Address John Hopkins Hospital

Date July 13 1908

Place of Burial Holy Cross Cemetery

Date July 15 1908

Undertaker E. I Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C13902 Registered No. B C13902.

CERTIFICATE OF DEATH.

(Place of Death.) No. Found in the water at Spring Gardens N of Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unidentified child

{Residence, if in Baltimore, Give Street and Number.} Don't know

Duration of Residence in Baltimore. Don't know

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Don't know

AGE about ____ years, 1 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Don't know

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Otto M Reinhardt Coroner

(Address)

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH found July 1 1908

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h ____ alive on ____ 190

and that death occurred, on the date stated above, at ____

I. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date July 10 1908

Place of Burial PUBLIC CEMETERY

Date JUL 11 1908 190

Commissioner Health,
Per. Wm. E. WOODALL.

Undertaker

Address

WM. J. DULANY CO., BALTIMORE

Body at the Morgue City to bury H&R

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5-1

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13901

City of Baltimore, (No. 157 N. Curley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Wise

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. (Month) 27 (Day) 1907 (Year)

AGE: ..... years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. City.

FULL NAME OF FATHER: Adam Wise

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Stern

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Stern

(Address) 518 N. Gilmor St.

Filed July 14 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1908 to July 12 1908

that I last saw him alive on July 12 1908

and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 4 DAYS

Contributory Anaemia

(DURATION) ..... DAYS

(Signed) G. C. Thieme M.D.

July 13 1908 (Address) 2038 E. Balto.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 14 1908

UNDERTAKER: Jos. J. Kerr — ADDRESS: 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 013903 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. Found floating in the Water Ohrians Cove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unidentified Child

{Residence, if in Baltimore, Give Street and Number.} Don't know.

Duration of Residence in Baltimore. Don't know

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE about 1 week. years months days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Don't know

FULL NAME OF FATHER " "

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Dr. Otto M Leinhardt Coroner.

(Address)

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found July 6 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Report of Dr. N. G. Keirle

Body so much decomposed that it is impossible to ascertain exact cause of death. No marks of violence (DURATION) DAYS

Con'ributory (Primary.)

..... (DURATION) DAYS

(Signed) Otto M Leinhardt M.D.

Address Coroner

Date July 10. 1908

Place of Burial PUBLIC CEMETERY.

Date JUL 11 1908 190 ...

Undertaker ...

Per. Wm. E. WOODALL.

Address ...

WM. J. C. DULANY CO., BALTIMORE.

Body at the Morgue. City to bury $4.50

133

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C13904 Registered No. B 172

CERTIFICATE OF DEATH.

(Place of Death.) No. Fund Jobbs South-st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name "Unknown"

{Residence, if in Baltimore, Give Street and Number.} Unknown

Unknown

Duration of Residence in Baltimore. C13904

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 40 about years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/14 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH About July 1 1908 died

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to 1908

that I last saw h~~im~~ alive on 1908,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Found in Water Supply Drowned

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Riley Carnes M.D.

Address 1629 Bank

Date July 10 1908

Place of Burial PUBLIC CEMETERY

Date JUL 11 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

134

Ward 13 C13905 Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2026 S. Charles St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Lunehars

{Residence, if in Baltimore, Give Street and Number.} 2026 S. Charles St.

Duration of Residence in Baltimore. 60 years

C13905

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH May 27 1834

AGE 73 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. H. Hupp

(Address) 1841 Hanover St.

Filed 7/14 1908

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to July 12 1908 that I last saw h[er] alive on July 12 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Insanities

(DURATION) 14 DAYS

Con'tributory (Primary) Infirmities of old age (DURATION) months DAYS

(Signed) W. E. R. Campbell M.D.

Address 1644 Hanover St.

Date July 13 1908

Place of Burial Western Cemetery

Date July 16th 1908

Undertaker Jos. Steinbeck

Address 818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C13906 Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1539 Light St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Martha M. Decker

{Residence, if in Baltimore, Give Street and Number.} 1539 Light St

Duration of Residence in Baltimore. Life C13906

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Oct 31st 1908

AGE ..... years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. C. Decker

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lillian E. Carr

BIRTHPLACE OF MOTHER (State or country) Calvert Co. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Decker

(Address) 1539 Light St

Filed 7/14 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1908

I HEREBY CERTIFY, That I attended deceased from Feb. 26 1908 to July 13 1908

that I last saw h.er alive on July 13 1908

and that death occurred, on the date stated above, at 3.10 P. M. CAUSE OF DEATH (Secondary or Immediate

acute Delatation of heart

(DURATION) 5 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 150 DAYS

(Signed) J. F. Hawkins M.D.

Address 160 S Light St

Date July 14th 1908

Place of Burial Western Cemetery

Date July 14 1908

Undertaker Jos. Staunton

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 C13907 Registered No. B

CERTIFICATE OF DEATH.

1st

(Place of Death.) No. 31 S. Dallas St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ray Handy

{ Residence, if in Baltimore, Give Street and Number. } 31 S. Dallas St

Duration of Residence in Baltimore. 30 years C13907

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Fairmount Md

FULL NAME OF FATHER Charles Barnie

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Presila Handy

BIRTHPLACE OF MOTHER (State or country) Fairmount Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Handy

(Address) 31 S. Dallas st

Filed 7/14 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1908

I HEREBY CERTIFY, That I attended deceased from June 22nd 1908 to July 11th 1908

that I last saw h in alive on July 9th 1908

and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal nephritis

Mitral Regurgitation

6 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Rice M.D.

Address 213 S. Bond St.

Date July 13th 1908

Place of Burial Laurel Cemetery

Date July 14 1908

Undertaker John W Henderson

Address 31 N Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 C13308 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Barber

{ Residence, if in Baltimore, Give Street and Number. } 219 South Bethel Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/14 1908

HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9" 1908

I HEREBY CERTIFY, That I attended deceased from June 25 1908 to July 9" 1908 that I last saw h.. alive on July 9" 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Aneurism of abdominal aorta.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date July 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 11 1908 190

Undertaker

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

3

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C13909 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Elizabeth Bone
Bone

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 16 1908

AGE: ..... years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 7/14 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908

I HEREBY CERTIFY, That I attended deceased from May 16 1908 to July 10 1908 that I last saw her alive on July 10 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. H. Burton M.D.

Address 322 E Cross St

Date July 10 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 11 1908 190

Undertaker Commissioner Health.
Per. Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

137

Ward ..... Registered No. B C13916

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 S Stevens alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cooper

{Residence, if in Baltimore, Give Street and Number.} 824 Stevens alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Black

DATE OF BIRTH Sept 11- 1908

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Marie Madeleen

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1908

I HEREBY CERTIFY, That I attended deceased from July 9th 1908 to July 10 1908 that I last saw her alive on July 9 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Ileo-Colitis

(DURATION) 3 DAYS

(Signed) G. E. Bullitt M.D.

Address 222 Elmer St

Date July 10th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 11 1908 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

Ward 10 1 C13911 Registered No. B C13911

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ezekial Bains alias John Williams

{ Residence, if in Baltimore, Give Street and Number. } Marshall, N.C.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER Henry Bains

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/14 1908 HARRY G. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to July 4 1908 that I last saw h.. alive on July 4 1908 and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1637 Bond

Date July 4 1908

Place of Burial

Date 190

JUL 13 1908

Undertaker

Address

Per. Wm. H. Woodward

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

134

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 013912

Mr Welsen md

City of Baltimore, (No. 1132 Eutaw Pl. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give Its NAME instead of street and number.]

FULL NAME William Smith (Smith)

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: col.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) JOHNS HOPKINS HOSPITAL.

Filed 7/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to July 10 1908 that I last saw h[im] alive on July 10 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Thrombus

Malnutrition

(DURATION) 30 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. M. Swan Jr M. D.

July 11 1908 (Address) 804 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL: JUL 11 1908

UNDERTAKER

ADDRESS

Commissioner Health,

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

36

371

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

165

CERTIFICATE OF DEATH.

Registered No. B 013913

City of Baltimore, (No. mt Wilson md 329 Garrett Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sigmund Bukes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1908 to July 10 1908 that I last saw h~~im~~ alive on July 10 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Acute Intestinal Intoxication

(DURATION) 15 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J H H Knox Jr M. D.

190 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 13 1908

UNDERTAKER:

ADDRESS:

Commissioner Health.

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C13914

Mr Welsen MD

City of Baltimore, (No. 909 N. Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jessie Roof, Roof

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) JOHNS HOPKINS HOSPITAL

Filed 7/14 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to July 11 1908 that I last saw h[illegible] alive on July 11 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Malnutrition

Ileo-Colitis

(DURATION) 17 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J H M Knox Jr M. D.

190 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 12 1908

UNDERTAKER:

ADDRESS:

Commissioner Health.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

JOHNS HOPKINS HOSPITAL

* Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

140

Ward 7 V

Registered No. B C13915

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kindrski

{Residence, if in Baltimore, Give Street and Number.} 1710 Thames Street

Duration of Residence in Baltimore. 28 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 61 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Thomas Kendrski.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Kendrski.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kindrski.

(Address) 727 S. Regester St

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from May 22 1908 to July 13 1908

that I last saw h alive on July 13 1908

and that death occurred, on the date stated above, at 6.58 a. m. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis.
Chronic nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address John Hopkins Hospital

Date July 13 1908

Place of Burial St Stanislaus.

Date Wednesday July 15 1908

Undertaker M. J. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Will remove to 727 S. Regester St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13917 Registered No. B 95

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Susan Lowe

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. –

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: ✓ 1

AGE: about 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: –

BIRTHPLACE OF FATHER (State or country): –

MAIDEN NAME OF MOTHER: –

BIRTHPLACE OF MOTHER (State or country): –

OCCUPATION OF DECEASED: Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address) BAY VIEW Supt.

Filed 7/14 1908 BARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1908 to July 13 1908

that I last saw h alive on July 13 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Hy Prostatic Enlargement

(DURATION) — DAYS

Contributory (Primary.) General Asthenia

& Exhaustion — (DURATION) DAYS

(Signed) H H Eaker M.D.

Address Bay View Hospital

Date July 13-8

Place of Burial Cumberland Md

Date July 15 1908

Undertaker N. J. Tichnor Sons

Address Camden & Baca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C13916 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1807 Lancaster St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Andrew Szakowski.

{ Residence, if in Baltimore, Give Street and Number. } 1807 Lancaster

Duration of Residence in Baltimore. Life C13916

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Szakowski.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Lisanzis Wisniewska.

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Szakowski.

(Address) 1807 Lancaster St

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from July 11 1908 to July 13 1908

that I last saw h[illegible] alive on July 13 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate

Gastro Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 18 E Biddle

Date July 14 1908

Place of Burial Holy Rosary.

Date Tuesday July 14 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C13918 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joe. Servino

{ Residence, if in Baltimore, Give Street and Number. } Port Deposit Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 3 years, 5 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Port Deposit Md

FULL NAME OF FATHER: Carm Servine

BIRTHPLACE OF FATHER (State or country): Itali

MAIDEN NAME OF MOTHER: Pipine Di Diego

BIRTHPLACE OF MOTHER (State or country): Itali

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carm Servine

(Address) Port Deposit Md

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1908

I HEREBY CERTIFY, That I attended deceased from July 13th 1908 to July 14th 1908 that I last saw him alive on July 14th 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) DAYS

Contributory (Primary.) Severe burn - (Playing with matches) (DURATION) DAYS

(Signed) F. J. Kirby M.D.

Address 116 E. North Ave -

Date July 14th 1908

Place of Burial Port Deposit Md.

Date July 14th 1908

Undertaker Henry Hockshaw

Address 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C13919 Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1700 Jackson Ct St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jannie Pumphrey

{ Residence, if in Baltimore, Give Street and Number. } 1700 Jackson Ct.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B

DATE OF BIRTH: 1

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country): Baltc

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/14 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 — 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12 0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Frapk Cunnett M.D.

Address Corner Md

Date July 13 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 14 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

36,

Ward ..... C13920 Registered No. B C13920

54

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 N. Carolina St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie Elinor

{ Residence, if in Baltimore, Give Street and Number. } 621 N. Carolina St

Duration of Residence in Baltimore. Several years (?).

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Dabney Elinor

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Marritt Moore

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. J. D. Minor

(Address) 621 N. Carolina st

Filed 7/14 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 13th July 1908

I HEREBY CERTIFY, That I attended deceased from 19-6- 1906 to 18-7- 1908 that I last saw h- alive on 11-7- 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion -

Several wks (DURATION) —— DAYS

Contributory (Primary.) Pernicious Anaemia (DURATION) ? DAYS

(Signed) E. Tu. Boyle M.D.

Address 1508 E. Madison st

Date 13th July 1908.

Place of Burial Charlottesville Albemarle Co Va.

Date July 14th. 1908

Undertaker Felix B Pyle.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C13521

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2 1/2 Hudson alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Frazier

{ Residence, if in Baltimore, Give Street and Number. } 2 1/2 Hudson alley.

Duration of Residence in Baltimore. 4th yrs & last retirement July 13

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Jas Frazier.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Sallie Stores.

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Soldier.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sallie Frazier

(Address) 2354 Hudson Hill

Filed 7/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) Sheldon Luttgens M.D.

Address 10th. Cav Camp

Date July 14 1908

Place of Burial Glascoe Rockbridge Co Va

Date July 16th 1908

Undertaker Geo. V. Rue.

Address 1526 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C13922 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 426 N. High St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Charles O. Bell.

{Residence, if in Baltimore, Give Street and Number.} 426 N. High st.

Duration of Residence in Baltimore. about 17 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 5th 1887

AGE: 21 years, 1 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~Single~~

BIRTHPLACE (State or country): Carroll Co Md.

FULL NAME OF FATHER: Joseph R. Bell.

BIRTHPLACE OF FATHER (State or country): Emmettsburg Md

MAIDEN NAME OF MOTHER: Mary E. Woolery

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md

OCCUPATION OF DECEASED: Plummer & tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Bell.

(Address) 426 N. High st.

Filed 7/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1908

I HEREBY CERTIFY, That I attended deceased from July 8th 1908 to July 12th 1908

that I last saw h alive on July 11th 1908

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate

Nephritis Coma

Chronic Nephritis.

(DURATION) DAYS

Contributory (Primary.) Osteo-malacia

(DURATION) DAYS

(Signed) E. C. Ellwork M.D.

Address 1419 E. Eager St

Date July 14 1908

Place of Burial Oak Lawn Cemetery

Date July 15th 1908

Undertaker Liston P. Fussellbaugh

Address 510 N. Gay st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C13923 Registered No. B C13923

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2035 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Krueger.

{ Residence, if in Baltimore, Give Street and Number. } 2035 W. Pratt St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 16th 1877

AGE 31 years, months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Valentine Heil

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Tresa Lauterbach

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Krueger.

(Address) 2035 W. Pratt St

Filed 7/14 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1908

I HEREBY CERTIFY, That I attended deceased from June 7 1908 to July 13 1908 that I last saw her alive on July 13 1908, and that death occurred, on the date stated above, at 11.55

I. CAUSE OF DEATH (Secondary or Immediate)

Acute insufficiency

don't know (DURATION) DAYS

Contributory (Primary.) Coma 5 hours (DURATION) DAYS

(Signed) H. E. Krupf M.D.

Address 1002 N. Lanvale

Date July 14 1908

Place of Burial London Park Cemetery

Date July 16th 1908

Undertaker Mrs. & Mrs. John H. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 C13924 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 27 Harper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Edw. B & Mary Thomas.

{ Residence, if in Baltimore, Give Street and Number. } 27 Harper St

Duration of Residence in Baltimore. 3 hours

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: July 14th 1908

AGE: ..... years, ... months, 4 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Edw. B. Thomas

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Decker

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Thomas

(Address) 27 Harper St.

Filed 7/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1908

I HEREBY CERTIFY, That I attended deceased from July 14 1908 to July 14 1908

that I last saw h[illegible] alive on July 14 1908,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) Watwell M.D.

Address 2550 Frederick Ave

Date July 14th 1908

Place of Burial Greenmount Cem

Date July 14th 1908

Undertaker Wm B Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

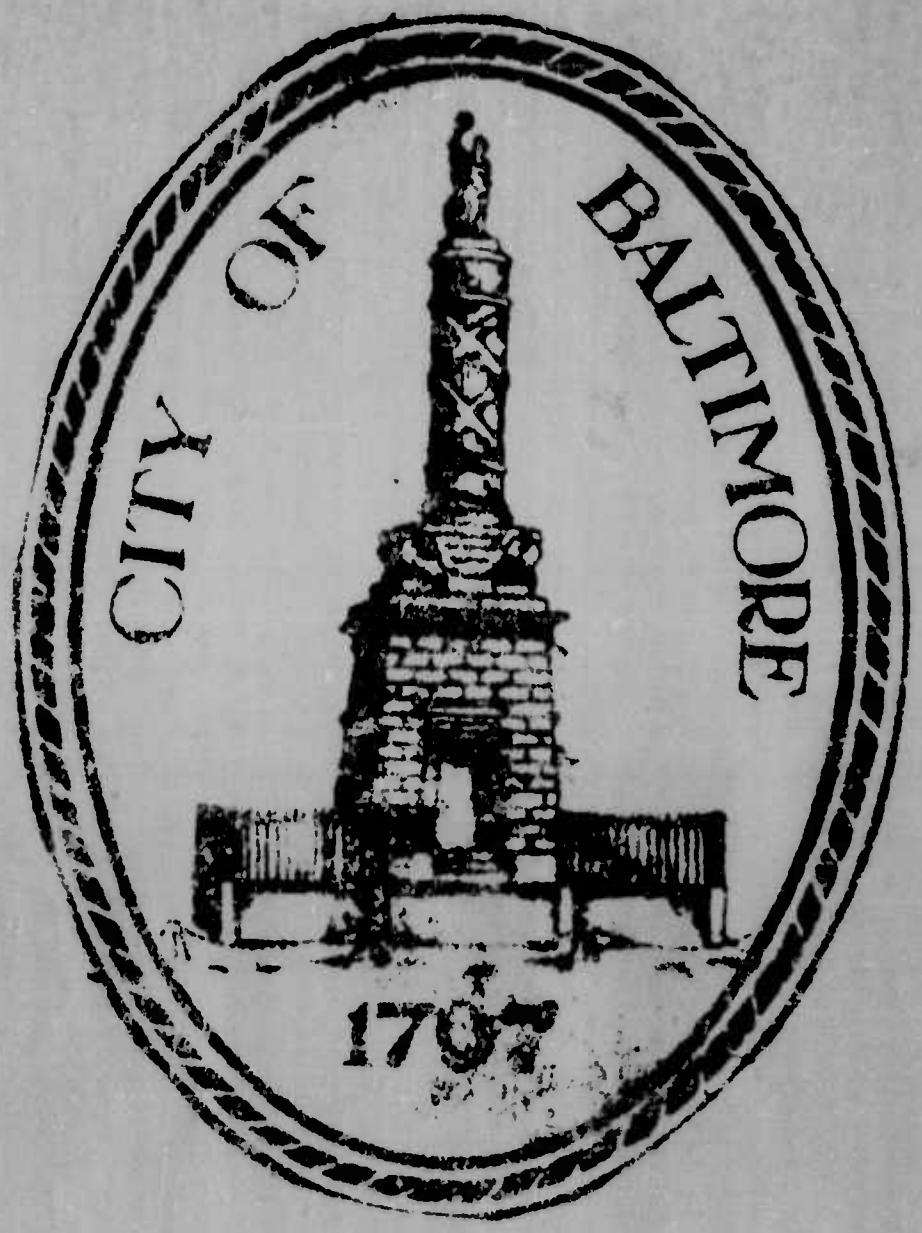
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS Nov. 6 DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WIT C-11175 4/2/08 AND ENDING WITH C-13924 4/14/08 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O. T. Line



END OF REEL